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## SHALL THE PROFESSION UNDERTAKE CONTROL OF SPECIALIZATION IN MEDICINE?\*

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Mr. President and Members of the Delaware State Medical Society:

It is customary for a guest speaker to express appreciation of the invitation to participate in a meeting like this and his pleasure in being present. With that custom I am today in hearty accord. I imagine, however, that occasion only rarely arises when the guest can so truthfully and so heartily as I now do set forth his gratification and his joy. Although the greater part of my life has been lived elsewhere, I have always considered myself one of the "Blue Hen's Chickens." Technically, it is, I suppose, proper to attach a man to the state in which he was born; the application of which rule would label me as a Marylander. I have no occasion to be ashamed of that appellation, but I feel at present, looking back over a period of 63 years lived in various places, some of that time in foreign countries, but the largest domiciliary sections distributed among 4 of our eastern states, that a man is apt to attach himself most distinctly to the region in which he spent the formative years of his life. My age period of 8 to 18 was lived in Delaware—2 years in the town of Lincoln, and 8 in Frederica—and, in consequence, I continue to think of myself as a Delawarean. It was in Delaware country schools that I received the fundamental factors of an education; among Delaware boys and girls that I acquired those social elements which play so important a role in the formation of character; from the national achievements of Delaware's statesmen—from Caesar Rodney to Thomas F. Bayard—that I got aspiration to become a worthy representative of that small state which led the big ones in signing that great document which established the United States of America and has blazed the trail for many other nations; and, finally, it was in a Delaware small-town drug

store that I first came in contact with the noble calling of the physician, and determined to emulate the examples of such men as Dr. Thomas Cahall, and Dr. Will Marshall, and Dr. Peter Tomlinson, who was known to me then only as a distinguished relative of one of my boyhood playmates.

If all this does not sufficiently substantiate my claim to the title of "Delawarean," I trust still that you will not utterly refute the line of reasoning, for it is with a peculiar sense of pride that I am here in response to what I chose to interpret as an invitation to come back home and sit for a time with my own people.

So, let me with all due formality express my appreciation of the invitation and my pleasure in being here, and then add my very special thanks for the privilege of returning to my own home state, and of taking part in the proceedings of this assemblage of distinguished practitioners of medicine.

The theme chosen for my talk today is a matter of great concern at present to physicians and patients alike. Professional as well as lay periodicals frequently speak of the present time as "the age of specialism," and not infrequently decry the tendency to increase the variety of specialties and number of specialists. In the realm of medical practice this complaint is by no means new, for similar criticisms and fears were recorded as far back in history as the days of Esculapius and have continued to appear intermittently throughout the ages. It may be true that we are witnessing just now a finer subdivision of medical practice, a consequent greater number of specialized medical subjects, and a far larger number of specialists in proportion to general practitioners, although this last guess lacks definite proof. A question of more importance to us at the moment is the fact that recent complaints are not directed at specialism and the alleged increasing number of specialists, so much as they are an indictment of our profession for *not controlling the qualifications of so-called specialists* and not providing the people with some means of *differentiating between competent specialists and presumptuous imposters*.

\*Read before the Medical Society of Delaware, Wilmington, October 14, 1931.

†Editor of the Journal, and Executive Secretary of the Medical Society of New Jersey.

There is probably no one in this audience unaware of the fact that for several years past lay periodicals, newspapers and popular magazines, have been occasionally indulging in scathing criticism of the medical profession, and particularly of specialists, for admittedly unsatisfactory conditions that exist in relation to the prevention and cure of disease. A number of such articles have been of a sensational character, written by persons who wield a facile pen, but who were possessed of little real knowledge of the subject under consideration; and were published in magazines whose very existence depends upon their sensation-producing proclivities. Efforts to refute their arguments or even merely to correct the false statements or misleading implications presented, have been rejected by those magazines. Some critical articles have appeared in our higher-classed magazines—usually more moderate in tone, and generally with a more substantial basis of fact at least upon which to erect the structure of complaint—but even such publications have given no reason for blaming physicians more than other groups of the citizenry for conditions that have chanced to develop almost universally. In some instances lay publications, whether in the form of books, magazines or papers, and public welfare organizations through application of practical measures, have in giving voice to complaints directed at the medical profession been honestly imbued with the intent to assist constructively in bettering conditions. With this last group of complainants we find no fault; it might, indeed, be wiser to receive their criticism in proper spirit, confer with them regarding possible changes in practice, and to accede to their wishes and suggestions when of reasonable nature and promising of generally beneficial results.

In medical practice, as elsewhere, when undesirable or adverse conditions grow to the point of constituting a nuisance, the entire body politic becomes aroused and action is taken toward correction of the troublesome evil. So, you must have noticed that during the past 2 years some of our own scientific journals and a goodly number of our thoughtful brethren within the profession—physicians who may well be referred to as leaders—have added their voices to those of the lay complainants in declaring the necessity for giving some attention to a situation that has become a serious problem. The culmination of

such expressions may be found in the "Resolutions" introduced in the House of Delegates of the American Medical Association, at the Philadelphia Convention, in June of this year, by Dr. Carl F. Moll, Delegate from the State of Michigan; and the very similar resolutions presented to the House of Delegates of the Medical Society of New Jersey, at its Annual Meeting, in Asbury Park, one week prior to the national convention, by Dr. E. G. Waters, of Jersey City, backed by his county society delegation. In both instances members of the profession frankly recognized the evil in permitting any physician to pronounce himself a specialist, regardless of lack of special training, and proposed measures for dealing with that aspect of the problem; the Michigan member suggesting new state legislation for licensing specialists, and the New Jersey member submitting a detailed plan governing specialism inside the professional organization and avoidance of further state laws for control of practice.

At both of the conventions referred to, the resolutions were, after rather desultory discussion, referred to standing committees for consideration and later report to the respective organizational legislative bodies: In the American Medical Association the Council on Medical Education and Hospitals was "requested to investigate the entire subject and to make recommendations looking to the establishment of proper qualifications of physicians who shall engage in special practice"; action which is somewhat ambiguous in that it requests an investigation and then seems to determine the kind of report expected. In New Jersey the committee to which the resolution was passed for consideration will in all probability defer decisive action pending a report from the national body.

At this point you will permit me to say that this problem is not confined to one state or even one nation. Quite aside from its connection with or inclusion in the broader subject of governmental health insurance laws—*so-called state medicine*—it has received some consideration in other countries than our own and in other states than the one mentioned. My own active interest in the matter began in the early months of 1929, when there appeared in the Legislature of New Jersey an "Act to Regulate the Practice of Surgery and the Surgical Specialties." That proposed law was radical in the extreme and,

partly because of that fact, prevention of its enactment was easy. In a slightly modified form it was again introduced at the session of 1930; and again we were able to effect its defeat. In the recent session, that of 1931, through the personal favor of two members of the Legislature, it did not get even so far as the file of "Bills Introduced"; our friends managing to capture the document early and lock it up in a member's desk, to remain until the Assembly had adjourned. Such good fortune cannot, however, be expected to continue indefinitely, and I have advised our State Society to consider this matter seriously and take action designed to forestall the passage of some such legislation. The plan recently submitted by Dr. Waters would accomplish that purpose, and, in my opinion, constitutes a wise procedure, by virtue of the fact that it endeavors to correct the evils complained of and would thereby deprive the radicals of any sufficient reason for state legislative action.

The act presented in New Jersey was, in fact, a highly idealized proposition and we found it difficult to argue with legislators against its adoption; its greatest weakness lay in its being impracticable as a measure for immediate enforcement.

While this has been going on directly under my observation in New Jersey, similar things have been happening in other parts of the world. At the very moment when we were opposing the proposed law, the French Academy of Medicine was considering, and in December, 1929, did adopt a series of resolutions embodying almost exactly the phraseology of our Act; i. e., the physicians in France approved the requirement of a *special diploma* to authorize practice of surgery in any form. In so far as I know, such a requirement has not yet gone into effect because the Academy's action has to be further submitted to a complicated political course of action. In Belgium, the organized medical profession, in the early part of 1931, directed one of its leading members (*Jour. A. M. A.*, March 7, 1931, p. 787) "to prepare a plan for the regulation and control of the title of specialist in the various branches of medicine"—to comply with a law governing the education of specialists passed May 21, 1929, and Professor Coppez later submitted, along with his detailed plan, a recommendation that the national medical society should co-operate with the government in forming licensing commissions,

one for each specialty, "composed of university professors, heads of hospital services, and practitioners who have acquired unquestionable skill in their particular specialty." Furthermore, the Belgian Society proposed a plan for making public the roll of registered specialists, and for a limited supervision of special practitioners.

Coming now nearer home, I doubt not that many of you are conversant with the plan devised by Dr. John A. Hartwell, of New York City, and published as part of his Presidential Address to the New York Academy of Medicine; and that you are aware also of the Academy's acceptance of that plan, which is now being put into effect. Through the courtesy of Dr. Hartwell, we were allowed to publish in the *Journal of the Medical Society of New Jersey*, August 1931, his later study concerning the education and conduct of specialists. It is hoped that a satisfactory "try-out" of Hartwell's plan by the Academy will result in its adoption by the New York State Medical Society, to which organization it may be just as easily adapted.

Other states have given some thought to the need for control of specialism, though I happen not to know of any so far advanced as New York. The Pennsylvania State Medical Society, at its convention in 1930, passed a resolution sponsored by its Committee on Public Relations, under the chairmanship of a well-known surgeon, Dr. E. G. Beardsley, which reads as follows: "This Committee feels that too many men in our profession are doing surgery without sufficient training and skill, which leaves a bad impression on the public mind, and this particularly relates to 'tonsil surgery.' There are too many *casual surgeons*." But, apparently, no form of corrective was offered.

*The Iowa State Medical Society Journal* of October, 1930, carried an editorial approving a special license for surgical specialists, and endorsing the action taken by the New York Academy of Medicine.

*The New England Journal of Medicine*, which is now the medical professional voice of the great commonwealth of Massachusetts and her neighboring states, stated editorially in the issue of November 13, 1930: "Specialism is an essential part of modern medical service, but it is the responsibility of the medical profession to guarantee to the public that those who claim to be specialists are, in fact, experts in their field."

*The Journal of the Indiana State Medical Association*, issue of March, 1931, editorially analyzes Dorothy Dunbar Bromley's article in *Harper's Magazine*, of February, and, regretting that so much of the criticism expressed in that article is justified, gives approval especially to her suggestion that publicity be given to the names of those who have qualified as specialists by certificate from one of the national examining boards or some equivalent authority, as follows: "Every public library should have the directories of the various organizations on file, and the newspapers should publish periodically a list of local members. Patients would then at least have assurance that the specialists whom they consult have been adequately trained in their particular branch of medicine." And, perhaps as evidence of his faith, Dr. Bulson has recently been devoting a page in the advertising section of his *Journal* to an alphabetically arranged list of the towns in Indiana, and of the recognized specialists in each town.

Incidentally, in the *Indiana Journal* of April, 1931, we find Dr. Follansbee, Chairman of the Judicial Council of the American Medical Association, quoted as having said: "The medical profession must undergo reorganization with the idea of making it possible for all the people to receive good medical and surgical services at any and all times, and at a cost that can be borne. One of the first steps to be taken is to put into effect some plan whereby no physician will be permitted to hold himself out as a specialist unless it can be shown that he has been educated and trained sufficiently to justify legal permission for such distinction. The public is becoming fully acquainted with the unsatisfactory conditions existing today and, unless the medical profession itself corrects these conditions, the state will attempt to solve the problem. Are we going to continue our apathetic attitude, and awaken only when the state medicine bomb-shell strikes us full force? The problem is one which the medical profession should solve, and it is time for us to begin reorganization—before some one else tries to do it for us."

The President of the Canadian Medical Society, who served also as President of the Ottawa, Canada, Meeting of the British Medical Association in August, 1930, Dr. W. Harvey Smith, in his Presidential Address, said: "When under authority a license to practice is granted, it simply

indicates that the individual to whom it is issued has at least the minimum qualifications of a general practitioner. It does not certify that he possesses special knowledge in any of the many divisions of medicine. He may be a man of the highest character and ideals, willing to place the welfare of his patient first, and to avoid operations and procedures which he has neither the capacity nor the experience to perform. This is true of the majority of practitioners. On the other hand, he may be of a type, not unknown, that pretends to knowledge not possessed and qualifications non-existent. \*\*\*\* I would like to stress the urgent need of securing in Canada, at least, such amendments to the different provincial medical acts as would enable the governing bodies of our profession to pass upon the qualifications of men purporting to be specialists. The government has upon its statute books laws relating to the standardization of weights and measures, and insuring the purity and quality of products offered for sale. Surely it is more important that the medical skill available for the use of humanity should be approximately as represented.

"A good example has been set by the Province of Alberta, which provides that no practitioner may hold himself out to the public as a specialist unless he has received from the Senate of the University of the Province a certificate that he has complied with certain specific requirements as to study and experience."

In the commencement of this paper, I spoke of the complaints lodged against the profession for being remiss in not properly labelling specialists and not exercising control over specialism. I have refrained from quoting criticisms of the profession made by its own members, even when presenting the recommendations of some physicians who have publicly recognized the necessity for changing present conditions. You all know that the most severe criticism bearing upon these matters has come from within the ranks, and each one of you knows of some abuse of special practice that should be prevented. We need not take more of your time to discuss charges of malpractice due to ignorance, of unnecessary operations, of fee-splitting, etc., for upon return to your offices you may open any medical journal that happens by chance to be on your desk and find therein one or more reasons why some one should not have been per-



mitted to pose as a surgeon or some other kind of medical specialist. Proof to sustain complaints made is so abundant that we may rest that portion of our case on merely the indictment.

I am much more interested in trying to induce you to consider taking some action designed to control special practice in this state, and thus to remove—no longer to condone—such evils of specialism as may exist here. It is for that reason I have directed your attention to the plans proposed, in detail, by Drs. Hartwell, of New York, and Waters, of New Jersey. The first plan is being tried in a limited way in New York City; the second is only, as yet, "under consideration" in New Jersey. And, the national association will naturally take considerable time to mull over all suggestions before recommending to the states any definite action.

In principle, the Hartwell and Waters plans are exactly alike and can be described in a very few words. As it is being introduced at the Academy of Medicine, Hartwell's procedure simply divides the existing membership into *Members* and *Fellows*; the latter group to comprise those who desire the distinction and can qualify as specialists in any branch of medicine or surgery, and the fellowship bestowed upon a member will carry the proper explanatory wording to distinguish his specialty—pediatrics, ophthalmology, etc. Then, for the future, the Academy's roll will be increased by admission of *Members* or *Fellows*, as applicants may choose. An examining committee will be named from among those present members whose standing as specialists is above questioning. That plan can be, and it is hoped will be, applied to the State Medical Society. It may be more difficult to apply the plan to a state society, composed of many county societies each of which has almost complete jurisdiction in the matter of membership, than to utilize it in a compact selective organization like the Academy; and it is right there that Waters has advanced a step beyond present accomplishments, for *his proposition* sets up the machinery necessary for application of Hartwell's scheme to county and state societies.

Waters suggests that certain officers of the State Society—President, Chairman of the Board of Trustees, Chairman of the Public Relations Committee, and Chairman of the Publicity Committee—together with a member of the State Board of Medical Examiners, constitute a

Special Committee for Accrediting Members for Special Practice. Next, he would have each component county society establish a special committee of 12 members (with its President added, ex-officio) representing medical divisions, as follows: surgery, 2; medicine, 2; obstetrics, 1; ophthalmology and otology, 1; rhinology and laryngology, 1; urology, 1; gynecology, 1; pediatrics, 1; roentgenology, 1; and general practice, 1. Doubtless, he meant this only as a tentative recommendation and would willingly accept any other practical arrangement of credentials committee membership. His requirements for designation of specialists are very liberal, as they should be; certificates of membership in or diplomas from the national colleges of Surgeons or Physicians, and the national special examining Boards; the holding of teaching or hospital staff positions of high rank; experience of 10 years or more as specialists, with suitable recognition as such in their home communities; or other comparable evidence of qualification. And, in addition, he outlines the means for keeping the public informed as to specialists who have been accorded recognition by the county and state societies. The whole scheme is admirably set forth in detail and yet in such manner that it can be modified to suit local conditions.

When presenting his plan to the Medical Society of New Jersey, Dr. Waters said: "This plan contains nothing that can be construed as shearing the practitioner of his rights. It in no way prevents the country doctor from doing emergency or internal surgery, which it is his privilege or duty to perform. It does definitely permit those qualified or especially adept in certain branches of medicine to let that fact be known through medical society publicity channels. It will tend to prevent incompetent men from foisting themselves on the public as specialists, and it will protect the medical profession from that public criticism which results from the ill-advised work of imperfectly trained men. It will not, mind you, prevent any doctor from doing anything he may care to undertake, but, it will prevent him from *sailing under false colors*, and will allow the public some chance to make an intelligent choice of specialists; and it will result in a healthy reaction in the public's attitude toward us for inaugurating a plan so unmistakably for the public good. Finally, *no legislation is required or recommended*."

To this last phrase I wish heartily to give endorsement. Let us, if possible, prevent this matter getting into or being acted upon by state legislatures. It is an affair that particularly concerns physicians. If we deal courageously with it ourselves, there will be no need for legislation. We have had, however, warning of what will happen if we do not act. Physicians can, if they wish, direct and control this purely medical problem.

Very naturally, I would prefer to have my adopted state, New Jersey, to which, in regard to medicine at least, I now owe allegiance, take leadership in such an important matter. But, inasmuch as I have claimed to belong in part to Delaware, I have no objection to your being, as in the matter of signing the Constitution the first state to endorse this movement and to enforce its requirements. The opportunity is open to you.

#### DISCUSSION

DR. W. EDWIN BIRD (Wilmington): Mr. President, while the primary purpose of every meeting of a state medical society should be scientific, I am delighted that we have on our program at least one paper devoted to the economic and professional status of the profession. The subject under discussion is one about which I have been reading. The subject is under discussion even now in lay circles far more than we seem to be aware as a profession, and it is only a matter of time before they will be discussing it a whole lot more than they have been.

I do not know what we can do in Delaware just now despite Dr. Reik's suggestion that we take the leadership because we are a small state with a compact population. In spite of that, I doubt if we have a sufficient number of specialists to make their influence felt among the local profession to the point where such a scheme could be put into practical application before New Jersey can do it.

Despite the fact that we are the third oldest state society, we are willing to yield the palm to the first oldest. In that respect I believe this Society should go on record as approving of some such system as the Hartwell-Waters Plan. To my mind it is far and beyond the most reasonable presentation of this thing that has yet been presented.

What sort of resolutions we should adopt here this morning is up to the Society to decide. I shall not offer them. I personally want to thank

Dr. Reik, an old Professor of mine at Johns Hopkins, for coming here today and presenting this splendid paper on a most timely subject.

DR. W. O. LAMOTTE (Wilmington): Dr. Reik's paper, I feel certain, is of very great importance, and I want also to thank him for bringing these important matters to our attention. He has gone into the subject so thoroughly that I do not feel that I should take up any time with my own thoughts, but all I can say is about what Dr. Bird has said. That covers the field fairly well.

DR. P. W. TOMLINSON (Wilmington): I do not rise to discuss Dr. Reik's paper, but to suggest one little correction. He referred to the time of his boyhood days spent in Frederica, and I wanted him to know, if he has never known, what the name of Frederica was before it became Frederica. The little town of Frederica, for Dr. Reik's information, before it was incorporated, was known as Johnny Cake Landing, located on Murderkill Creek. That starts like a bad name for starting out to practice medicine, Murderkill Creek, and, as once was asked regarding the greatest character we have ever had in this world, "Can any good thing come out of Nazareth?" and I have no doubt some people have asked if any good thing could come from Johnny Cake Landing, and I am glad to testify that there has come a splendid thing from Johnny Cake Landing in Dr. Reik.

I knew every rabbit path around that burg within two miles when I was a boy. I used to feel a little sorry for boys that didn't live there. I didn't see how they could have as much fun as we had, but when I left (it was before Dr. Reik came) I started out for a mercantile career, but later changed my mind.

He spoke of Dr. Cahill. It should be Dr. Cahall. Dr. Cahall had more students in his office than in any other office I have known in Delaware. Those were the days when it was necessary for you, before you could matriculate in a medical college, to spend a year in the office of a preceptor, and I say without fear of contradiction Dr. Cahall had many more students than any man in the practice of medicine in Delaware of whom I had any knowledge, and it is easily understood. He was a wonderful reader. He told me he made it a rule of his life to read four hours in every twenty-four, half the time medical literature, the other half general literature and the

Holy Bible. I shall revere his memory so long as I live. I would to Heaven we had more of the Dr. Cahall type with us today.

DR. I. J. MACCOLLUM (Wyoming): I don't know whether I am entirely in order, but I would recommend to the President of this Society the appointment of a committee to confer with the Legislative Committee, and that that committee, with the Legislative Committee, report to our next annual session of the State Medical Society.

. . . The motion was seconded . . .

DR. TOMLINSON: If I remember correctly, Dr. Reik's suggestion was that this be brought about in medical societies themselves without securing any state legislation.

DR. MACCOLLUM: Mr. President, I should like to amend that motion, that the President appoint a committee to investigate and to report at the next state medical meeting, leaving out the reference to the Legislative Committee.

DR. LAMOTTE: The general meeting may recommend to the House of Delegates the appointment of committees or commissions for investigation; therefore, the motion, is contrary to the By-Laws, but since we have just scrapped one provision of the By-Laws, I suppose it is in order to scrap the whole thing. However, I serve notice that this change of date will have to go through the procedure of conduct that is laid down. It is a dangerous thing to ignore the By-Laws, and as an officer of the Society, I can't be a party to such procedure.

DR. O. S. ALLEN (Wilmington): I want to thank our neighbor for coming over here and to congratulate him upon his carefully studied paper. It was very, very good and I heartily approve of practically all the detail he went into. I think it is high time that we all got busy, before the public drives us to do this very thing that he has suggested, and, if my friend Oscar will work out some plan whereby we can get it to our next meeting and get it across, I think it is going to be one of the very best steps we can possibly take. I suppose we will devise something to let it go along the normal channels.

PRESIDENT McELPATRICK: As long as the Secretary has informed us we are all out of order, we will leave the matter of Dr. Forrest's motion to the end and give these men a chance to go along with the regular work.

DR. FORREST: Whether the motion is in order at present or not, my thought while sitting here

is that you do have meetings of the county societies every month, whereas we meet only once a year, and I think the proper place to consider this paper and suggestions on it would be in our county society meetings where we meet frequently and get in close touch with each other. There we can accomplish some good, but at long sessions like this we don't get far with suggestions of this sort unless we have time to study them.

It is an excellent paper, well presented, and I appreciate fully the thoughts that were presented to the Society. I don't think we should act too hastily. I think we should have lots of time to consider it and the county society is the place to take it up.

I think that my original motion, in spite of Dr. LaMotte, was correct, that the House of Delegates is purely a committee representing this open session and we may disapprove or approve of the minutes as presented by the House of Delegates to this body.

SECRETARY LAMOTTE: I rise to a point of order. This is a scientific session. If we do not proceed, these gentlemen will never get through, and I call attention to the By-Laws which say that the discussion is limited to five minutes. We won't get through until midnight, even if these men are willing to stay here.

PRESIDENT McELPATRICK: We will fight this out before the meeting is over.

DR. DORSEY LEWIS (Middletown): I should like to make an amendment to Dr. MacCollum's motion, that this Society recommend to the House of Delegates that such a committee be appointed.

The amendment was regularly seconded.

PRESIDENT McELPATRICK: We will first vote on the amendment.

The amendment was put to a vote and was carried, after which the original motion was put to a vote and was carried with one dissenting vote.

DR. HENRY O. REIK: I want to thank you for the courtesies extended and the kindly manner in which you have treated this paper, much more favorably than I had any reason to hope for. I want to thank Dr. Tomlinson for setting me straight. I knew better, and I don't know why I made the mistake about Dr. Cahall. I remember his service in Frederica. He always had someone with him studying medicine, but he went further than that and took such a great interest in the community in educational affairs

that he looked after a great variety of things among the public.

I recall an instance of a story told by him of teaching a woman patient, a married woman, how to read and write, and in the course of time he gave her the freedom of his library, which was a magnificent one, and she could go in and select any book she wanted. On one occasion he happened to be there when she came to return a book borrowed, and she said, "Doctor, of all the books you have loaned me, this has proved the most interesting, it is full of so many short stories." The doctor was a bit confused for a moment, but he took the book in his hands and discovered that it was a volume of the Encyclopaedia.

#### **Coffey-Humber Extract of Suprarenal Cortex Substance**

ROWLAND H. HARRIS, Los Angeles (*Journal A. M. A.*, Nov. 14, 1931), gives a brief summary of the results of a clinical and pathologic study conducted by the W. K. Kellogg Foundation. Four hundred and fifteen persons who had carcinoma or sarcoma were given subcutaneous injections of suprarenal cortex substance extract by representatives of Drs. Walter B. Coffey and John D. Humber, and were observed and examined by physicians of the foundation. Case abstracts made by former physicians were furnished by these patients on beginning experimental injections. The majority of the patients first had received injections of the extract at the Los Angeles Central Coffey-Humber Clinic and were transferred with their records to the Kellogg Foundation. Some patients were accepted by the foundation for their first injections of the extract. The majority of the patients were ambulatory. They received injections of the extract and made progress reports at the foundation clinic at Boyle and Michigan avenues. They lived in widely separated localities and were encouraged to depend on co-operating local physicians for general medical care and on surgeons of their choice for the performance of such palliative operations as might become necessary. Approximately seventy patients in all were brought to the clinic by automobile or ambulance and received the extract injections without entering the building. One hundred and eighteen patients received extract injections and were under

the care of physicians of the foundation for varying periods of time at a hospital on Whittier Boulevard, which was leased and operated by the foundation exclusively for this purpose. Some who received the extract were first ambulatory, then car patients and finally hospital patients. With few exceptions, the patients whose cases are reported were incurable by surgical operation, by radiation therapy or by any other known method of treatment. The diagnosis of malignancy was established by microscopic examination of tissues in 326 cases, and by roentgen examination or exploratory surgical operation in other cases. A few patients had had apparently complete surgical removal of malignant tumors and had no discoverable metastases, but were permitted to receive injections of the extract as a prophylactic measure. The study of such patients could be useful in determining the effect of the extract in the prevention of recurrence only if there should be no recurrence in an unusually large percentage of these patients after continuing use of the extract over a period of several years. The author gives the following summary of the results of a statistical study of his observations: 1. The benefits of use of the suprarenal cortex extract experienced by patients with malignant tumors in relation to gain in weight and relief from pain did not occur uniformly or in the majority of the patients observed. 2. The extract administered to these patients had no selective influence on the growth necrosis or sloughing of malignant tumors. 3. Necrosis and sloughing of malignant tumors were not beneficial, but were detrimental to these patients, producing hemorrhage, anemia, distressing fistulas, perforation with abscess or peritonitis, and other serious consequences. 4. Cure of malignant disease in patients with advanced carcinoma or sarcoma, in view of the experience of the patients of this series, cannot reasonably be expected to occur as a result of use of the suprarenal cortex extract. 5. The benefits to be expected from use of the suprarenal cortex extract lie principally in improved appetite, improved muscle tone and bettered feeling of general well-being of patients who are ambulatory or who are not too far advanced toward a fatal termination of the disease.



# EDITORIAL

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Local news of possible interest to the medical profession, notes on removals, changes in address, births, deaths and weddings will be gratefully received.

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It is suggested that wherever possible members of the State Society should patronize our advertisers in preference to others as a matter of fair reciprocity.

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VOL. III

DECEMBER, 1931

No. 12

### REFRACTION AND FITTING GLASSES

The saying "fitting glasses" has come down from the time when the customer chose the glasses with which he could best see and the optician fitted him. These glasses were used to help the old 'o see near and the myopes, or nearsighted, to see far. Later it was discovered that astigmatism caused imperfect vision and could be corrected by a cylinder, that hyperopia was a common eye defect and often caused headache, asthenopia, or weak sight, and even caused squint. Then it was learned that eye strain would produce nausea, anorexia, dizziness, neurasthenia, even convulsions. With these discoveries and particularly after it was pointed out that development of the cerebral convolutions was associated with the development of good macular vision and with normal associated eye movements, vision,

along with inflammations of the eye, assumed an important place in etiology and pathology. It was then recognized that those assuming to treat these symptoms should have a knowledge of bodily disease as well as that a physician should have knowledge of symptoms of eye strain.

The prefix "Dr." does not make an optometrist an eye specialist any more than it makes a physician a specialist overnight. A few universities, such as Columbia, offer scientific courses in optometry, but these courses have attracted but an insignificant part of the optometrists. In their courses in optometry at Columbia the first two years are regular college work, and optometry is given in the third and fourth years, and then not a doctor's degree is conferred, but a B. S.

It is sometimes said that instruments of precision make it possible to refract so accurately that nothing more is necessary. That would be sufficient in a mechanical eye, but the human eye is an entirely different proposition, because it has behind it a central nervous system, of which it is a part and also a personality, and it is associated with every other organ. Lord Dawson of Penn says: "What makes diagnosis of disease the most difficult branch of the doctor's art is this very problem of individuality. No two men are ill in the same way." This applies in cases of refraction. It can be said that hardly any two cases are alike. Those who don't believe these statements and have headaches, get a pair of glasses and forget that sinus disease, indigestion, toxemias, kidney diseases, fatigue, worry, brain tumor might cause their headaches. If you still have headaches, or your eyes are red and smart or the lids stick, go to an optician and get a pair of tinted lenses; if these do not work go back and get a deeper tint. If you see double you might try his prisms, even if you do have paralysis of one or more extraocular muscles due to syphilis.

It is as necessary for a competent optician to have a thorough mechanical training in his line to be able to appreciate the importance of accurate grinding, precise fitting, etc., as it is for an oculist to have a thorough medical training. And the fact that fundamental scientific training is necessary to make one capable of diagnosing

disease and knowing the remedy to apply does not alter the fact, as so often pointed out, especially by Edward Jackson, that proper selection of correcting glasses requires fundamental training in optics, understanding of mathematical principles and methods, and the knowledge whether the prescription has been properly filled so as to give the patient the best possible assistance and benefit. There are too many in each class who have failed to have the proper training. There are too many eye physicians who do not devote enough time to skillful and conscientious optical examinations, and too many opticians who do not devote enough care to accurate grinding and proper fitting of glasses.

#### RESPONSIBILITY TO THE SICK

St. Paul's Methodist Episcopal Church, of Wilmington, provides a clinic for treatment of disease by osteopaths. According to the daily papers specialists of eye, ear, xray, proctology, etc., are there to treat special as well as general diseases. Osteopathy as officially defined by the American Osteopathic Association is "that system of the healing art which places the chief emphasis on the structural integrity of the body mechanism, as being the most important single factor to maintain the well-being of the organism in health and disease." The Pennsylvania law relating to the practice of osteopathy specifies that license to practice as an osteopathic physician "shall not authorize the holder thereof to practice operative surgery without obtaining an additional license to practice such surgery, as provided in section eleven (b) of this Act."

Are these doctors qualified to do this work as stated in the public press? What training have they had in the various special branches? Have those who are responsible for this clinic investigated, and are they capable of judging? Are any of their surgeons members of the American Surgical Association or the American College of Surgeons? Has any one passed any special national board such as the American Board of Ophthalmology, or Otolaryngology, or Gynecology and Obstetrics? If they have, and are qualified, all well and good. If they are not competent to care for all these poor unfortunate patients who go to this clinic, with the assurance that any condition or complication they may have will be cared for by experts, then the officials of St. Paul's, or whoever may be responsible for such

a state of affairs, may have some serious retributions to answer for when they pass across to the Great Beyond.

But why have medical clinics, sponsored by laymen and run by cultists at all, when there are in the community regular hospitals expensively equipped for all kinds of medical and surgical examinations and care? Would it not be better for laymen to give their aid to such institutions instead of establishing so-called clinics hither and thither which are not only very apt to be inefficient, but most likely to be bad medically, sociologically and economically? This question is especially pertinent when one realizes that these regular clinics are prepared to give correct diagnosis and efficient treatment, regardless of the social or economic status of the patient.

#### EDITORIAL NOTES

##### DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely free to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages, but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve you.

The Annual Conference of Secretaries of Constituent State Medical Associations, together with the State Editors, held in Chicago, November 13th and 14th, was a live one. All of the several papers presented were timely, and evoked serious discussion. Among the most important items presented were: practice of medicine by lay organizations; official records; medical and hospital service for veterans; the hospital and its staff as a practicing group; and the way of medical insurance. These papers will all be published in the A. M. A. Bulletin, sent to all Fellows, and we would counsel their careful perusal.

The action of the New Castle County Medical Society in referring to the Attorney-General the initial data concerning the illegal practice of medicine by unlicensed practitioners is quite timely, and may lead to some surprising results. Other data are being assembled and will, in due time, reach the proper authorities. As a corollary of

the above investigation it appears that a thorough inquiry into the office of the Coroner for this county will be made also. For the past year or so the local profession has acquired an increasing resentment towards this official and some of his subordinates, which they think is more than justified. At any rate, the almost unanimous consensus of opinion seems to be that the time has now come for an authoritative interpretation of the law.

The five cases of typhoid fever that occurred in Wilmington recently were all traced to unpasteurized milk supplied by one dealer, which in turn was traced to infected water. Steps were taken promptly to eliminate this danger, but the lesson each physician must carry to every household is this: Never allow one drop of unpasteurized milk to enter your home.

Christmas is almost here, and with its approach should also come a little more of that "good-will towards men" that, after all, is life's chief leaven. And why drop the good-will after Christmas? Why not keep it up all the year? They say that politeness is the cheapest stock in the world, and pays the biggest dividends, yet politeness is only one phase of good-will. So, brother, accept the season's best wishes from THE JOURNAL, and show us, and everybody else, your maximum good will, all the time.

### Study of Etiology of Multiple Sclerosis

ARTHUR WEIL, Chicago (*Journal A. M. A.*, Nov. 28, 1931), describes experiments in which the attempt was made to demonstrate the presence of a filtrable virus in cultures from spinal fluids of patients with multiple sclerosis, as reported by Chevassut and Purves-Stewart. The repetition of the experiments of these investigators failed to produce convincing evidence that, in multiple sclerosis, cultures from spinal fluids yield a filtrable virus and that this virus is responsible for the production of the disease. The author believes that the fact that spheres and colonies of spheres may more readily be seen in agar cultures of spinal fluids that have given a positive globulin reaction suggests the precipitation of colloidal protein (or lipid) particles, which become visible in the dark field.

## TRANSACTIONS OF THE HOUSE OF DELEGATES

**Tuesday Morning, October 13, 1931**

The House of Delegates of the Medical Society of Delaware convened in the Hotel Du Pont, Wilmington, at ten-twenty o'clock, Dr. George C. McElfatrick, of Wilmington, President of the Society, presiding.

PRESIDENT McELFATRICK: The House of Delegates will please be in order. Our first business is the Roll Call, by our Secretary.

The Roll Call was responded to as follows:

#### OFFICERS

President, George C. McElfatrick.  
Secretary, W. O. LaMotte.

#### COUNCILORS

Joseph Bringham, J. W. Bastian.

#### DELEGATES

Kent County: Joseph McDaniel, C. J. Prickett.

New Castle County: W. Edwin Bird, Lewis Booker, I. L. Chipman, Walter W. Ellis, G. W. K. Forrest, Dorsey W. Lewis, L. S. Parsons, H. L. Springer, P. W. Tomlinson, J. P. Wales.

Sussex County: K. J. Hocker, Bruce Barnes, E. L. Stambaugh.

SECRETARY LAMOTTE: Mr. President, the roll is called.

PRESIDENT McELFATRICK: Next on the program is Dr. Fishbein, but we will defer his talk until later, and we will now go to the reading of the Minutes of the last session.

DR. BIRD: I move the reading of the Minutes be dispensed with, as they have been published.

The motion was regularly seconded, was put to a vote, and was carried.

PRESIDENT McELFATRICK: Next is the appointment of the Committee on Nominations. I will appoint Dr. Forrest, Dr. Bringham, and Dr. Ernest Smith.

The next order of business is Reports of Officers, and the first is the President's Report.

#### REPORT OF THE PRESIDENT

I made my annual visits to Kent and Sussex Counties. I found the Kent Society, which I visited in March, had an exceptionally large attendance. The program was exceedingly good, and they treated us royally. Dr. LaMotte went with me on this special visit.

In April I visited Sussex County Medical Society, and found they also had a large attendance. They have had exceptionally good speakers during the whole year, with men from Baltimore and Philadelphia, and they seemed to be a pretty live bunch of men in regard to medical knowledge.

Dr. Tomlinson represented us as a delegate at the American Medical Association meeting; we will hear from him later on that.

The Scientific Committee had an exceptionally busy year, and I feel after the meeting is over you will find they have done exceptionally good work in getting up this program, along with the exhibits. The chairman of that committee was Dr. LaMotte, who had a good part of the program to carry.

The Committee on Public Policy and Legislation had an exceptionally busy year and there were quite a lot of bills to bring before the Legislature. Fortunately, we got everything we wanted. We had quite a little difficulty and trial, as you all know. It goes to show us that the men who will be on this same committee this year have a lot ahead of them for the next session of the Legislature, which will meet during their term of office.

There is a suggestion I should like to make and it is in regard to the incoming President and any others following—that he name his Nominating Committee previous to the morning of the meeting of the House of Delegates. It seems that there is nothing in the By-Laws about it and it has been only a custom to name the committee when the House of Delegates meets, and

then the three men selected leave the room. It takes almost an hour to compile their report and it more or less breaks up our meeting, for we have to adjourn during their absence usually, so I suggest that the President name the Nominating Committee previous to the meeting of the House of Delegates, and that will give a better chance to find out whom they want to put on the various committees, so that they will not need to run out and in again while we are holding this meeting. That is a suggestion to be taken up later by the proper committee.

The Entertainment Committee this year had a very easy time. They did one very wise thing, we think, in that they cut out our banquet. It is especially hard for the down-state societies, when they are entertaining the State Society to undertake the tremendous expense of entertaining us with a banquet, and we thought it would be a wise thing to cut it out and in its place have a public health talk, and that will be done tonight. I think that will be appreciated by all.

This year I think we have a bigger and better exhibit than we have ever had in the past. It is hard to get these people to come down here and pay for the space, because they derive so little benefit from it. I wish the members would give their moral support to this by visiting the booths as they go in and out.

Also I should like to urge that the members of this Society become members of the American Medical Association. There are a good many here who are not members of it and I want to stress the point that those who are not Fellows should subscribe to this. There is no reason why a man in good standing in his State Society and County Society should not be a member of the A. M. A. and receive their Journal.

I think it might also be well to suggest a change in the time of holding this meeting, as it conflicts with the meeting of the American College of Surgeons. Last year they met in Philadelphia while we met here, and this year they are meeting in New York this week. It handicaps many of our men who are officers of this Society and who would like to attend the meeting of the American College of Surgeons. That is another suggestion to be brought up later. This is about all the report I have to make.

SECRETARY LAMOTTE: Mr. President, it is an honor to present Dr. Morris Fishbein, editor of the Journal of the American Medical Association.

PRESIDENT McELPATRICK: We are all very much pleased and honored in having Dr. Fishbein with us, and we will now hear from him.

DR. MORRIS FISHBEIN: Mr. President, Mr. Secretary, Members of the House of Delegates, and Members of the Medical Society of Delaware, those who read the Journal regularly will hear something quite old.

There are a few points about the work of the American Medical Association, and particularly about some of the present problems confronting the medical profession, with which all of us as delegates from the State Societies and as men interested in the progress of medicine should be familiar. Very few men at a distance from the headquarters office in Chicago have an actual knowledge of the services there available for the physicians as part of their fellowship in the American Medical Association. Very few men realize that the headquarters office of the American Medical Association employs five hundred people right there at the headquarters in the work of the organization, and that each week we use approximately one hundred tons of paper in the printing work of the Association. We have a rotary press that turns out ninety-two pages at one time, and cost the Association \$65,000.

I mention this as an example of the scope of the work of the American Medical Association. The whole headquarters office is organized to give service to the medical profession, and we are constantly adding to the available bureaus in order to render additional service to individual members, because that is a criticism and

a complaint that is constantly heard; namely, What does the organization do for the individual doctor?

Aside from the fact, of course, that the Journal itself gives four thousand pages of reading matter each year, and you get the Journal and your fellowship dues for the \$7, which ought to be adequate return for your money, there is a great deal more. One of the most important bureaus which the Association has just organized is its new Bureau of Medical Economics, which is headed by Dr. R. G. Leland, and it is planned to make a study of economic conditions affecting the medical profession throughout the United States, through this bureau. Few men in their own communities realize the varying nature of the economic conditions which surround them throughout the states.

I have been in more than forty states of the United States looking at medical conditions, and there are no two states in which medical conditions are exactly alike. There are going on in California at least two hundred different experiments in changing the nature of medical practice. These vary all the way from insurance schemes for which the individual applies himself, to insurance schemes carried by the employer, to full-time medical service paid for in full by the employer, to hospitals which are part-paying, and hospitals which are altogether paying, and all sorts of strange methods for taking care of the sick. We have, for instance, in the one state of California duplicates of every possible form of organized medical practice that exists in Europe.

There is reason to believe that these things must have an effect on the whole country, if tried out in one state. There is industrial practice, lodge practice, society practice, insurance practice, contract practice, and all the other modifications, practice of medicine by universities by medical schools, practice of medicine by business corporations organized to hire physicians and sell the service of the physicians to the public. All of these things represent changes in the nature of medical practice which demand the careful attention of the American Medical Association, and they are being studied by the Bureau of Medical Economics of the American Medical Association.

The American medical profession is very fortunate to have a national organization to carry out such studies, because in a recent trip abroad I found in only one country I visited a national medical organization of any strength whatever attempting to handle the problems of the medical profession and represent it in the contact with the state, and county, and local and national government.

Germany has no national organization, France has none, Austria has none. England has an organization, but I am quite sure without the influence in the medical profession that has been brought about by the medical profession in this country.

A more immediate and practical service is the service of the library of the American Medical Association to the individual physician who wants to use that service. The Library of the A. M. A. will send to any physician a package of thirty-five to forty reprints and periodicals and other means of information on any subject in which he is interested. We send out now about four thousand such packages a year, on request of the doctor, the doctor who has an unusual case, the doctor who wants to write a paper on some special subject. Such a doctor needs only to write to the library of the American Medical Association and on payment of twenty-five cents, he will get a package of anywhere from twelve to fifty of the most recent articles on the subject, taken out of all the journals, reprints, and so forth.

That means that the man far-removed from a large library has no excuse for not keeping abreast of modern medical science. Any man in the United States can read the latest information on any medical subject, and if he has a library available, he can get a list of references to all the available literature, which the library of the A. M. A. will send him without charge.



Through the contact of the Questions and Answers Department of the Journal, he can come into touch with a great many authorities in various parts of the country.

With the library we have come to the point where doctors merely send in a description of a puzzling case and we look up the literature for them and send it to them, and sometimes a note of consultation is given by some eminent authority to whom the question is referred. That is a personal service rendered to the individual physician which means a great deal to him.

I will not go into the work of some of the other departments. There is the Bureau of Investigation which investigates all patent medicines. We have 250,000 cards, cross-indexed, on every form of patent medicine and quackery in this country. Any time you want information on any new proprietary medicine, it is available. I will not go into the work of the Bureau of Pharmacy and Chemistry, and the Bureau of Foods, and so forth.

I want to mention a few of the services recently developed which mean a great deal to the individual physician in his daily work. There are two points at present which are very lively before the medical profession and about which every man should be informed.

The first has to do with the care of the veterans. This is a matter of the greatest importance. I don't know how many of you have read recent articles on it. The various groups interested in the care of veterans are promoting plans of one type or another for increasing the facilities for such care. As you all know, whenever a community of any kind hears that the government has money to build hospitals, that community is out to get a hospital for itself. It is felt that the hospital will bring business to the community and in various other ways boom that particular section.

There are in the United States today about eight thousand hospitals, and those have at this time about 250,000 beds. The veterans of the United States have at present available about 40,000 beds and they are promoting, and have been promoting, legislation for the building of additional hospitals to provide a total of between 100,000 and 125,000 beds for the care of veterans, with the understanding that the government will take care not only of the veteran who is suffering with some disability or sickness or injury arising directly out of his war service, but also that it will take care of him at any time he is sick and indigent, regardless of the way in which this particular disability or injury or disease arose. That may be simply a venereal disorder which he occasioned entirely by his own fault; it may be an accident which occurred to him in walking on the street; but, whatever the thing is, the attempt is, of course, being made to make the government responsible for the complete care of the veterans and in veterans' hospitals with government-employed physicians, whereas there are available at this time at least 250,000 beds in civilian hospitals in the home towns of these men, who might therefore be much better cared for right in their home town, near their families, and they could at the same time be cared for by their own physicians, and the government could, of course, pay the local community for the bed in the hospital, and in that way get by with a much cheaper expenditure of funds than it will require if it attempts to build hospitals and provide beds for veterans throughout the United States.

It has been estimated that the mere cost of construction of these hospitals would involve \$300,000,000. Few men realize that the actual cost in these days to build a hospital is around \$4,000 a bed, and few know that hospitals have been built within the past few years in the United States that cost as high as \$10,000 a bed to build. That will give you some idea of the expenditure required if the government tries to provide 100,000 to 150,000 beds that the veterans want.

In addition to that, it will create a tremendous bureau

of government-employed physicians, those whose whole interest in life will be in practicing medicine on a full-time basis, and that will mean a salaried basis, and that will be a menace to us, as it is in Germany, in Austria, and in England, where they have the panel system. The average physician can make a few hundred dollars more through the care of a considerable number of people of industrial status who come under the panel, but it means the breaking down of individual initiative and particularly it means the breaking down of the responsibility of the individual physician to the individual patient for his care, and we all know that it is the psychological nature of man to feel his responsibility to the person or institution that pays him, and when a physician is paid for the care of a patient, his responsibility is to the one who pays him and not to the patient if he does not pay him, and all sorts of difficulties arise and have arisen in every country in which one can go and find the socialized schemes for the care of people under contract or some organized basis, simply because the physician is not responsible to the individual patients, but to the corporation or insurance company or government, rather than to the patient himself.

This thing is a matter of the greatest importance to the medical profession of this country. The Trustees of the American Medical Association have asked that every physician who is in any way associated with a veterans' organization, either in the American Legion, in the Veterans of Foreign Wars, in the Disabled Veterans of the World War, or in any other of the veterans' organizations, attempt to explain to these organizations, in their meetings, if possible, exactly what is involved in this matter of the care of the sick.

There is no question that the veterans will be better cared for in the hands of their own physicians and in their local hospitals than they would be outside of their own communities. They would be better off in recognized hospitals in their own communities than they can possibly be in hospitals two, three, or four hundred miles, or even only fifty miles away from their homes, quartered in government institutions under the care of full-time employed physicians.

In addition to this, national economy is desired. Such a scheme will cost the government far less than the building of a tremendous number of hospitals to provide 250,000 or more beds throughout the United States.

Finally, we are confronted with the question of the future, the question of the time when there will be no more veterans left to occupy these beds, and the government has on its hands hospital beds amounting to about 300,000. What will the government do with the beds and with the hospitals and the corps of physicians it has built up? The logical answer is that the government will look around for some scheme of organized medical care of all employees, perhaps for an extension of the type of service to all the people of the community, and a definite approach to state medicine, a thing which is unquestionably bound to menace the scientific advancement of medicine throughout the world.

That is the most important question which confronts the medical profession, and it is one not only of today but also of the future, and it is one to which every body of delegates should certainly give its best attention.

PRESIDENT McELPATRICK: Dr. Fishbein, we certainly have enjoyed your talk very much, and we look forward to hearing you again tonight.

Next is the Report of the Secretary.

#### REPORT OF THE SECRETARY

Our Society at the present time consists of 176 members in good standing—119 in New Castle, 24 in Kent and 33 in Sussex. There have been 10 new members added, 2 deaths, 1 has been dropped for non-payment of dues.

The secretary paid one visit to Kent County Society. This meeting was held at Smyrna. It was well attended, several papers were read and a keen interest was shown by all present. He did not succeed in attending any

meeting of the Sussex County Society. This misfortune probably was made up for by attending all the regular meetings of his own County Society, at some of which some very able addresses were heard and some interesting discussions. There were also heard at some of these meetings speeches in quantity, their being at one meeting, according to the minutes of the secretary, discussions by nineteen members in more than forty-four speeches, two members having each appeared on the floor five times.

The secretary, accompanied by the editor of THE JOURNAL, attended the Annual Conference of Secretaries of Constituent State Medical Associations held at Chicago, November 14th and 15th, 1930. Papers and talks at this conference were interesting, able and timely. Dr. Elliott Cutler, of Cleveland, read an important paper on Antivivisection, showing very clearly the activity of these faddists in their endeavors to have laws passed which would do irreparable damage to medical progress and would be inimical to the public welfare. Your secretary has in his office the hearing on A Bill to Prohibit Experiments Upon Living Dogs in the District of Columbia and Providing a Penalty for the Violation Thereof. Another paper of national importance was by Dr. W. C. Rappleye, New Haven, on Health Insurance. Dr. Rappleye has studied this problem abroad, particularly in England and Germany, and he presented at our conference an abundance of valuable information. There was also, among other papers, one on Co-operation Between Medical, Public Health, and Educational Organizations.

Your secretary attended the final meeting, February 19th, 20th, and 21st, of the Section on Medical Service of the White House Conference on Child Health and Protection. The program of this Section will give one an idea of the broad scope, of the tremendous field covered at these sessions on Child Health and Protection. Great specialists in these various fields were gathered from almost all sections of our country and the outpouring of information and spirit there was indeed inspiring. The Committee on Growth and Development consisted of 135 members; the Committee on Prenatal and Maternal Care, of 114; the Committee on Medical Care of Children, of 88. The reports of the committees was a stupendous task. The preparation for the White House Conference took something like two years and there will be in all a series of 25 to 30 volumes, making up the findings of the conference. It is realized by all that all this effort will be of but little avail if it is not followed up, and the information we possess is not gotten over to the country at large. A tentative committee is engaged at present in studying the full reports of the Section, and it will meet in May to outline a definite program.

Our Society has been more active, probably, this year than in any year of its history. There were so many dangerous bills introduced at the recent session of the Legislature that it took almost a united effort on the part of our members to defeat them. On one or two occasions the profession responded most magnanimously, and it was a joy to behold the finest from all over the state file into the Assembly chambers. In doing this they acted not so much in their own interests as in the interests of the public in general. And let it be said again that the state was most fortunate in having in office a Governor of intelligence, courage, and integrity. The same fights face us in the future, because in the place of the old medical diploma mill products have come the cultists, faddists, etc. What can be done by the profession to continue to protect the public from these menaces? The president should be instructed by our Society to appoint a carefully selected committee of five to study Basic Science Laws and to report at our next annual meeting with a proposed law to be presented at the next session of the Legislature, which law would enable anyone who could show he had been trained to practice medicine and surgery to take the

examination of such Basic Science Board, with one standard for all.

PRESIDENT McELPATRICK: The next report is that of the treasurer, Dr. Rumford.

#### REPORT OF THE TREASURER

RECEIPTS	
Balance in hand October, 1930 .....	\$687.24
Dues New Castle County Society .....	585.00
Dues Kent County Society .....	175.00
Dues Sussex County Society .....	150.00
Exhibition Spaces .....	40.00
Dividend Dover Bank .....	91.00
Interest .....	7.34
	<hr/> \$1735.58

DISBURSEMENTS	
Defense Fund, 1930 .....	\$166.00
Defense Fund, 1931 .....	173.00
Annual Session .....	176.86
Committee on Syphilis .....	37.75
Printing .....	32.25
Medical Stenography .....	165.38
Expenses of Secretary .....	29.50
Medical Directory .....	12.00
Lantern and Screen .....	161.65
	<hr/> \$954.39
Balance in hand, October 5, 1931 .....	\$781.19
Defense Fund .....	\$2583.14

Approved,

J. BRINGHURST  
J. W. BASTIAN

PRESIDENT McELPATRICK: What is your pleasure with regard to these reports?

DR. FORREST: I move that the Report of the Secretary be accepted.

The motion was regularly seconded, was put to a vote, and was carried.

PRESIDENT McELPATRICK: What is your pleasure with regard to the Treasurer's Report?

DR. FORREST: I move that it be referred to the Finance Committee for auditing.

PRESIDENT McELPATRICK: Next is the Report of the Councilors, Dr. Bringham.

DR. BRINGHURST: They have had nothing to do this year. They were just figure-heads.

DR. BASTIAN: The Councilors have had something to do on this end of the game. We had a threatened suit against one of our younger members and I received the reports from the attorney and, after communicating with the other two Councilors, they both advised me to secure the highest grade of legal authority I could get. I wrote to the lawyer who had the case and told him that the Medical Society of Delaware would take charge of the case, and we had investigated carefully and found absolutely no grounds for suit, and we would defend the member to the limit, if necessary.

There has been, from what I can learn, nothing further taken up in the way of following the suit up. I have no information that it has been dropped, but there has been no active word heard from it since.

PRESIDENT McELPATRICK: You have heard the Report of the Councilors. What is your pleasure?

It was regularly moved and seconded that the Report of the Councilors be accepted. The motion was put to a vote and was carried.

PRESIDENT McELPATRICK: I will name the Auditing Committee, which is made up of the Councilors, Dr. Bringham, Dr. Hocker, and Dr. Bastian.

The next report will be that of the Committee on Scientific Work.

#### REPORT OF THE COMMITTEE ON SCIENTIFIC WORK

A meeting of the committee, with invitations extended to the President of the Society and to the editor of THE JOURNAL, was called to meet at the University Club, May 13. President McElpatrick, Editor Bird and Secretary LaMotte were present. July 9th there was an-

other meeting attended by the President, Dr. Tarumianz, Dr. Worden and Dr. LaMotte. September 9th, at the Wilmington Club, the President, Dr. Tarumianz and Dr. LaMotte met with the Committee on Arrangements of the New Castle County Society.

The program speaks for itself. We tried to have a variety of subjects, and think we succeeded. We want to thank President Judd and Dr. Fishbein for their valuable aid in coming here and sharing in the program.

No member of our Society, with the exception of our effort in trying to have Kent and Sussex represented in the Scientific Section of the program, was asked to write a paper unless it was after he expressed his desire to do so. The papers were voluntary and that is as it should be, as a general thing, in a live, up-to-date, progressive medical association. One or two tried to get in after the program was filled, when it was too late and about the time to go to press; so hereafter, any one desiring to read a paper should notify the committee in time for consideration.

We feel that at the next Annual Session there should be prepared for presentation to the Society a very definite program concerning the Basic Science Law.

DR. DORSEY LEWIS: I move that the report of the Committee on Scientific Work be accepted with congratulations.

DR. FORREST: I second the motion. Having been secretary for ten years, I have knowledge as to the hard work the secretary has had and the committee has had in preparing the program. I think this is one of the best programs that has ever been presented to the Society. I congratulate the secretary who, I know, has done most of the work. It has been a laborious and strenuous work for him to obtain the speakers and the people who will address us at this meeting. I congratulate him and the Society for having such an active secretary, and I hope we will make him our perpetual secretary of the Society.

SECRETARY LAMOTTE: I should like to say that I had very satisfactory co-operation on the part of the other members of the Scientific Committee, and everything worked along smoothly, and they are responsible for any success which might be in evidence in this meeting.

PRESIDENT McELPATRICK: I should like to say a few words. Being pretty close to the secretary, as President I was called upon many times in regard to the program, and there is a tremendous amount of work attached to it. It looks simple here, but to get the men and follow them up is a lot of work, as Dr. Forrest knows well, and I want to give my word of thanks to the secretary for his co-operation with me in all matters.

If there is no further discussion, all in favor of the motion, please say "Aye," contrary "No."

The motion was carried.

PRESIDENT McELPATRICK: The next committee is the Committee on Public Policy and Legislation. Dr. Washburn is the chairman of that committee. Is Dr. Washburn here?

SECRETARY LAMOTTE: I have the report.

#### REPORT OF THE COMMITTEE ON PUBLIC POLICY AND LEGISLATION

To the officers and fellows of the Delaware State Medical Society:

At the last Annual Meeting of this Society your Legislative Committee was by resolution directed to secure, if possible, the passage of an amendment to the Klair Act which would permit physicians to prescribe medicinal liquor.

Your committee begs to report that it made every effort to secure the adoption of such an amendment, but failed. Your committee is of the opinion that the failure to secure a sufficient number of votes to pass the proposed amendment was due to the fact that a great many members of the Legislature had promised their constituents that they would not vote for any change in the liquor laws of our state.

Your Committee respectfully recommends that the thanks of this Society be conveyed to Dr. Peter W. Tomlinson for his untiring efforts in behalf of the proposed amendment throughout the state. It also recommends that the thanks and appreciation of the Society be conveyed to the Woman's Auxiliary for their earnest and efficient co-operation in the work of the committee. It is also recommended that the Society officially express its appreciation of the legal work done by William H. Foulke, Esq.

Your Committee also begs to report that the efforts of the chiropractors to secure official status and legal standing in this state were defeated only by the veto of their bill by his Excellency, the Governor.

Your Committee recommends that the appreciation of organized medicine in Delaware be conveyed to Governor Buck for his clear understanding of the problems involved.

The bill introduced by the optometrists of Delaware was modified in such a way as to be acceptable to the members of this Society. The bill introduced by the members of the osteopathic profession, which provided for the creation of a separate board of examiners representing that group of practitioners, was defeated.

Your Committee, with the exception of one member (Washburn), recommends the adoption of what is known as a Basic Science Law and a single composite examining board in Delaware. One member of the Committee (Washburn) is of the opinion that the facts concerning such proposed legislation and the effect that such laws have had in other states, upon the medical profession, should be gathered and this information should be placed before the profession of our state. If then it is evident that the proposed legislation will be an advance over what we now have and will better serve the interests of our people then and then only is it likely that an effort to amend our present laws will be successful.

Your attention is invited to the fact that there is no law in Delaware providing for a compulsory vaccination of the children as a pre-requisite for admission to the public or private schools of Delaware. Your Committee recommends that an effort be made to have such a law enacted at the next session of the Delaware Legislature.

DR. TOMLINSON: Mr. President, I learned why we failed in our efforts to amend the Klair Law from one of the Senators who was hunting with me in the spring. Mrs. Henry B. Thompson joined us in the hunt, and she said, "Senator Lascher, why is it you members of the Legislature are opposed to allowing physicians to prescribe in cases of emergency?"

He smiled and said, "Their wives won't let them."

PRESIDENT McELPATRICK: What is your pleasure in regard to the report?

DR. RUMFORD: I move it be accepted.

The motion was regularly seconded, was put to a vote, and was carried.

DR. FORREST: What are you going to do with the recommendations that the Committee made, appoint a special committee to draw up resolutions to the Governor, and instruct the new Committee on Public Policy and Legislation to present to the coming Legislature a bill for compulsory vaccination? I think those were the main recommendations in the report, and then, should the Public Policy and Legislation Committee be advised to follow out the recommendation of this particular Committee? In other words, should they consult other states as to the basic science law, so that they can present in good form to the incoming Legislature our reasons for the request for the basic science law?

I don't know what your thought was, whether you wanted a special committee for that, or instruct the new Public Policy and Legislation Committee to comply with the recommendations of this retiring committee.

SECRETARY LAMOTTE: Mr. President, I expected someone to make a motion later on, and if not, I expected



to do it myself, to appoint a committee to make a study of these things as, of course, everyone is in favor of studying the proposition and not going in blindly. I think the report might mislead you a little bit, because all the rest of us are in favor of studying these things and seeing what the other states have done, and how they have made out, and what they think. Dr. Fishbein, though, can give us some good information on that question.

DR. FORREST: Pardon me, before he starts—if we don't have some special committee or don't instruct our new Public Policy and Legislation Committee, we won't get very far. We should give instructions to the standing committee or some other to be appointed, so we won't fall down. If we let it go loose and don't say do this or that, or the other thing, we won't get anywhere.

DR. FISHBEIN: The point is well taken. I wanted to offer the services of the Bureau of Legal Medicine and Medical Legislation, because that bureau has already compiled complete reports on basic science laws as they exist in each of the states, with the effects of those laws on licensure and on registration in the state, and on reciprocity, and it is unnecessary for your secretary or your committee to write to each one of the states to get that information, because all that information is now on file in the headquarters of the American Medical Association, and can be furnished to your committee in the form of a brief, probably within a week after you ask for it.

The same applies also to compulsory vaccination laws. The bureau has a complete record on all compulsory vaccination laws and their working, and the ideal method to handle it would be to ask the new committee to get in touch with our Bureau of Legal Medicine, and to get in touch with the bureau is a very simple matter.

DR. SPRINGER: Following Dr. Fishbein, I might say, at the suggestion of our State Board, the Medical Council, through the secretary, has already made that application to the American Medical Association and the matter has been taken in hand. That is in my report later.

DR. TOMLINSON: I should like to ask Dr. Fishbein if he can tell us whether those states which have the basic science law are finding it working to their entire satisfaction.

DR. FISHBEIN: I wouldn't want to report for all the states, but in certain states it has worked to great satisfaction, and in other states it is so recent that it is difficult to tell, and in some states it has not worked so very well. Everything depends on the administration of any law, and on the funds available for the control and administration of the law. No law is any good if you have no appropriation for its support, and to put it into effect.

Illinois has pretty good laws, but no government, because there is no appropriation to enable the state's attorneys and district attorneys to go ahead and prosecute under the law, and such things must be looked into in drafting the law, so that there is adequate support for the administration of the law, and for punishing violators of the law.

DR. TOMLINSON: Would that appropriation have to come from the state?

DR. FISHBEIN: It should be a state appropriation.

PRESIDENT McELPATRICK: Let us pass on this first, and we can come back and appoint a committee later. Let's approve this report. The motion has been made and seconded, I believe.

A second vote was taken on the motion, and it was again carried.

PRESIDENT McELPATRICK: The next order of business is the Report of the Publication Committee, Dr. W. E. Bird, Chairman.

SECRETARY LAMOTTE: I have Dr. Bird's report, and Dr. Tarumianz has the Report of the Business Manager, which he will present.

#### REPORT OF THE PUBLICATION COMMITTEE

We transmit herewith the report of the Publication Committee in two sections: (1) that of the Editor, (2) and that of the Business Manager.

##### REPORT OF THE EDITOR

1. The report this year is practically a reiteration of last year's report. There has been no change in the personnel of THE JOURNAL, and the utmost harmony has prevailed. We have endeavored to maintain the proper standards of medical journalism. While attending the Annual Conference of State Secretaries and Editors at the A. M. A. headquarters in Chicago last November we learned that the A. M. A. and the various states think well of our JOURNAL.

2. We have occasionally failed to get our JOURNAL in the mails by the 20th of the month, our regular publication date, but the delays seemed unavoidable and were due to sundry reasons, which we believe we will be able to correct in the future.

3. As heretofore, we have published all the Transactions of this Society, and some of those of the county societies, but we must reiterate our plea for more and more scientific contributions.

4. Our financial status remains satisfactory, as will be evidenced by the report of the Business Manager. Our advertising has been kept clean.

5. We believe this JOURNAL is making more and more progress, and more and more friends. The frequent requests for reprints or copies coming from all sections of the country is mute evidence that it is being read more widely than one might suppose. We are nearing the end of our third year with this new series of our JOURNAL, and we believe we can say, in all modesty, that the venture has justified itself.

PRESIDENT McELPATRICK: I should also like to say that the Publication Committee, and especially our editor, have had quite a hard time. Even when he knows there are papers to be put in THE JOURNAL, he has to call them up day after day, and he deserves a lot of praise, and the business manager also, for he has a lot to do to keep the advertising. Next to the Scientific Committee, this is one of the hardest working committees we have.

It was regularly moved and seconded that the Report of the Committee on Publications be accepted. The motion was put to a vote and was carried.

PRESIDENT McELPATRICK: The Business Manager of the Publication Committee will give us a report.

Dr. Tarumianz read the Report of the Business Manager of the Delaware State Medical Journal.

##### REPORT OF THE BUSINESS MANAGER

October 1, 1930, to September 30, 1931

Checking account, October 1, 1930..... \$354.81  
Savings fund, October 1, 1930..... 1,400.00

Total brought forward.....\$1,754.81

##### Receipts

Advertisements.....\$2,614.14  
Subscriptions, Medical Society members..... 346.00  
Subscriptions, others..... 40.00  
Rebate from A. M. A..... 156.26  
Sample copies..... 5.00

Total receipts.....\$3,161.40

##### Expenditures

Printing.....\$2,089.07  
Stationery and office supplies..... 37.50  
Postage..... 9.00  
Stenographic services..... 84.00  
Notary fees..... 1.75  
Medical Editors' Ass'n dues..... 21.00

Total expenditures.....\$2,242.32  
Operating balance..... \$919.08  
Interest on savings account..... 68.83



Balance to forward .....	\$987.91	
Total October 1, 1931 .....	\$2,742.72	
In savings account, Wilmington Trust Co.....	\$2,500.00	
In checking account, Wilmington Trust Co.....	242.72	
Total balance .....	\$2,742.72	
Still due from 1929 and 1930 ads.....	\$31.50	
Still due from 1931 ads .....	53.50	
	\$85.00	

*Summary for Three Years**Receipts*

January, 1929, to September 30, 1931

Advertisements .....	\$6,800.57	
Subscriptions, Medical Society.....	1,002.00	
Subscriptions, other .....	216.00	
Rebates from A. M. A. ....	254.80	
Sample copies .....	7.80	
	\$8,281.17	
Interest on savings account .....	68.83	
	\$8,350.00	\$8,350.00

*Disbursements*

January, 1929, to September 30, 1931

Printing .....	\$4,906.89	
Stationery .....	163.56	
Postage .....	25.80	
Stenographic services .....	175.36	
Notary fees .....	2.75	
Medical Society Convention ex- penses .....	150.00	
Medical Editors' dues .....	36.00	
Medical Editors' Convention ex- penses .....	134.92	
Editorial expenses .....	12.00	
	\$5,607.28	5,607.28

Total balance .....

\$2,742.72

PRESIDENT McELPATRICK: This is certainly very commendable. Three years ago it was said it was an utter impossibility to make THE JOURNAL pay. I think we can remember fifteen or twenty years ago when we had our small JOURNAL—how hard it was to get it published every three months, and here is an example of what a good businessman can do with the JOURNAL in operation only two and one-half years. It is highly commendable for us to note what manner of man we have at the head of the business office.

DR. DORSEY LEWIS: I move we accept the Report of the Business Manager, with thanks.

The motion was regularly seconded, was put to a vote, and was carried.

PRESIDENT McELPATRICK: Next is the Report of the Committee on Medical Education, Dr. Harold Springer, Chairman.

Dr. Springer read the report.

## REPORT OF THE COMMITTEE ON MEDICAL EDUCATION

During the year including the examination of the State Board held in December, 1930, and June, 1931, the number of applicants taking the State Board representing the President and Fellows of the Medical Society of Delaware is as follows:

In December there was one man from the regular school of medicine who passed the examination and one who failed. There was one osteopath who failed after having failed to pass the board in June, 1930.

There were five admitted by reciprocity through endorsement from the following states: Pennsylvania, 2; Alabama, Iowa and New York, one each.

In the examination held in June, 1931, there were eight applicants representing the regular school of medicine who took the examination and they all passed. There were five osteopaths who took the examination and three passed and two failed. Incidentally there

were three applicants who took the Homeopathic State Board and they all passed. This, of course, does not concern this society. There were two admitted through reciprocity by endorsement from the following states: New York and Massachusetts.

During this period the question of trying to clarify the status of the osteopath arose and there was considerable discussion by the Medical Council with the attorney general. His ruling was that surgery and probably other practical branches of medicine were not included under the head of osteopathic physician which is specified in Section 17 of the Medical Practice Act. This brought about an effort on the part of the osteopaths to have the Medical Practice Act changed in order to give them these privileges. We were fortunate enough to defeat this bill.

Probably the most significant development in medical education in the past two years has been the change in attitude of the Federation of State Medical Boards toward certain aspects of professional education. The various states, as you know, have set up requirements for medical practice and education, thus elevating the standards of training, through the prescription of the details of the medical curriculum and the legal standing of the medical schools. The A. M. A. has been classifying medical schools since 1907, resulting in a certain grouping of these medical schools into what we speak of as Class A, B and C. Many poor schools have been put out of business and practically all those remaining are now Class A or Class B.

It might be interesting to note in passing that in 1904 there were 160 medical schools with 28,142 students, of which 5,747 graduated, while in 1930 there were 76 medical schools with 21,597 students, of whom 4,565 graduated.

The Medical Council has the authority, under our Medical Practice Act in Delaware, to set its own standard regarding the medical education with certain minimum legal requirements. Section 13 of our Medical Practice Act reads in part as follows:

"Any person not authorized to practice medicine and surgery in this state and desiring to enter upon such practice shall deliver to the Secretary of the Medical Council, a written application for examination together with satisfactory proofs that the applicant is more than 21 years of age, of good moral character, has obtained a diploma from some literary or scientific college, etc., and has received a diploma conferring the degree of doctor of medicine from some legally incorporated medical college which, in the opinion of the Medical Council, was in good standing at the time of issuing of the said diploma, and must have pursued the study of medicine for at least four years including four regular courses of lectures of not less than seven months in different years prior to the granting of the said degree in some legally incorporated medical college or colleges approved by the Medical Council."

These various efforts to elevate and standardize medical education and medical schools have largely eliminated the proprietary and commercial schools.

In 1929 the Federation of State Medical Boards adopted the following resolution:

"Resolved: That in each State the Medical Practice Act and its administration conform as far as possible to the educational principles of the Association of American Medical Colleges."

The Medical Council has tried to keep this in mind in administering the affairs in this state. There have been a great many modifications in medical education in the last few years in response to the changing point of view regarding professional education which were necessary to bring medical education in this country out of the chaos that existed twenty years ago.

Nearly all concerned in this matter now realize that general education must be associated very closely with medical education in order to attend properly to the medical needs of the community. Our medical schools

in this country have realized the necessity of turning out properly trained men and therefore will only take a limited number of students based upon their ability to give these students more or less individual instruction. The result of this is that many students have been unable to get into medical schools in this country and therefore have endeavored to secure admission to medical schools abroad, particularly in Scotland. It is reported that more than 800 students applied to a single school in Scotland in 1930. Not many American students, however, have been accepted in foreign medical schools, chiefly because a large majority applying for admission have not been able to get into a school in this country and the British particularly, are reluctant to accept these students when they have responsibilities for training their own.

It is becoming increasingly more difficult every year in all the states to properly take care of the cults and to maintain a high medical standard regarding the applications to practice medicine and surgery. No help can be obtained from the layman. It is therefore necessary for the medical profession not only to protect the members of its own ranks, but to protect the community by maintaining this high standard of physicians allowed to practice in the state. The only way in which this standard can be maintained is by vigilant action on the part of the State Boards as the representatives of the State Medical Societies first in maintaining a proper Medical Practice Act that must be kept up to date from time to time; second, honest and energetic action on the part of the State Board itself; carefully scrutinizing every application to practice medicine and surgery in this state.

As secretary of the Medical Council I can say that this State Board has most earnestly made an effort to do both these things and the result up to the present time is that we have been able to keep out a number of undesirables and only to license those whose credentials are of the highest.

The question is going to arise—in fact, has already arisen—regarding some modification of the Medical Practice Act to take care of these problems. This modification should be carefully studied and agreed upon before it is presented to the Legislature. Many have recommended the establishment of a Basic Science Board which will include an examination in the basic sciences and a composite medical examining board, including representation from all the branches of medical science practicing in the state.

Six states—Arkansas, Connecticut, Minnesota, Nebraska, Washington and Wisconsin—and District of Columbia have established basic science boards, whose function is to insure as far as practical that all practitioners of the healing art shall have had at least a minimum amount of training in anatomy, physiology, bacteriology, pathology, chemistry and several others.

In a biennial survey of education in the United States as published by the director of study, Commission on Medical Education of the U. S. Government seems to be somewhat against basic science boards, but I have reason to believe that those states which have such basic science boards, find them very satisfactory.

At the June meeting of the Medical Council, the secretary was requested, on recommendation of the Delaware State Board, to consult with Dr. Woodward, who has charge of the Medical Legal Department of the A. M. A. with the idea of his drawing up a model Medical Practice Act along the lines of basic science and a composite board. This has been done and Dr. Woodward is working upon this problem.

It is impossible for any one in this society to say at this time whether or not such a board would really be the best thing for Delaware and it should be given careful study by the State Board and the officers and members of the State Medical Society before any definite conclusion is reached. If a decision is reached to have our Medical Practice Act changed in such a radical

manner, it will undoubtedly mean a great deal of opposition, especially from the cults, and will require almost superhuman effort to have the Legislature pass such an act. This will mean that the entire medical profession in Delaware will have to act as a unit to secure the passage of such an act and it will mean that every man and not a few, as has been the case in the past, will have to do his part. The Committee on Medical Education therefore would make the following recommendation: That the president appoint a carefully selected committee to act with the State Board and the Committee on Public Policy and Legislation to look into and study carefully the question of changing the Medical Practice Act either by amendment or making an entirely new act and that this committee report at the next meeting of the Delaware State Medical Society.

It was regularly moved and seconded that the report be accepted. The motion was put to a vote and was carried.

PRESIDENT McELPATRICK: Next is the Committee on Hospitals. I believe Dr. Forrest is chairman of that committee.

DR. FORREST: The Committee on Hospitals made a trip with the Committee on Hospital Survey or whatever the name of that particular committee may be. Dr. Tarumianz is Chairman of the Hospital Survey Committee, and he will make a joint report for both committees.

Dr. Tarumianz read the Joint Report of the Committee on Hospitals and the Committee on Hospital Survey.

#### REPORT OF THE COMMITTEE ON HOSPITAL SURVEY

The Medical Society of Delaware, at the last annual session, requested the standing Committee on Hospitals, and the Hospital Survey Committee, to continue to survey and inspect jointly the hospitals and institutions in the state for another year, and report the findings to the Society at its meeting in October, 1931.

The principle of the survey and inspection of the hospitals by these committees is the wholesome, constructive criticism as to the physical construction of the hospitals, safety of the patients and employees entrusted to them, and the adequate facilities for proper care and treatment of the patients, and teaching nurses and interns the science and practice of medicine.

The chairmen of both committees deemed it advisable to inspect the hospitals and institutions of the city of Wilmington and nearby vicinity on one day, and the hospitals of Kent and Sussex Counties another day. On the first day there were only two members present besides both chairmen.

The re-inspection of the hospitals and institutions has revealed the following facts, and the committee is presenting the same to the Society with its recommendations:

Delaware Hospital, 14th and Washington Streets, Wilmington. Bed capacity, 200.

Generally speaking, this hospital was found in good condition, except for general overcrowding. We understand that the Board of Directors is endeavoring to complete the plans for a new building, of which the hospital is undoubtedly in need. Some of the departments, such as the department of pediatrics, need proper fire protection. The committee again emphasizes the fact that the children take care of by this particular department are in constant danger, and they are confronted with fire hazards at all times. In case of fire they would be almost trapped. Therefore, they should make an immediate adjustment in regard to the fire escapes of this, and some other parts of the hospital.

The diet kitchen is still on the first floor, next to the x-ray department. The location is very undesirable, and the general condition of the equipment is not favorable.

The refrigeration of the diet kitchen is obsolete. The present method of setting up trays in the diet kitchen,

and conveying them on carts via elevators to different floors, causes too much delay in food delivery.

The linoleum floor of the diet kitchen is badly in need of replacement. It is old, partially destroyed, is more or less a dirt trap, and is not sanitary.

The committee is happy to report that the x-ray department has been enlarged by adding four rooms, and purchasing a new x-ray outfit to take care of all the deep therapy. The x-ray department of the Delaware Hospital is in excellent condition at the present time.

The larger operating room is still not adequately large for the amount of work this hospital is performing. The small operating room could be enlarged, thus providing the hospital with two rooms for major operations.

We again recommend that the autopsy room should not be opposite the operating room; that the same should be removed from its present location and placed somewhere in the basement.

The private floors should have good floor lamps in each room to provide adequate lighting for examination and treatment, with proper outlets.

The maternity department of the hospital does not have a proper labor room. The committee feels that such facilities are very essential, therefore recommends to have a special room designated for that purpose.

The children's wards are not large enough for the number of children that are treated in this hospital.

The women's and men's wards are too small.

The committee is pleased to report that the medical records are kept very much better than formerly, and that the medical stenographer is helping the situation.

The department of out-patient clinics needs more space. It is recommended that the clinic should be enlarged, and there should be additional sub-department clinics:

- A. Proctology.
- B. Prenatal.
- C. Children's Venereal.
- D. Cancer.
- E. Metabolic and Allergy.

The accident-emergency department needs more space. This can be accomplished by converting the annexing garage into the receiving room.

The main kitchen needs new refrigeration, and needs mechanical aids such as: electric potato masher, cream whipper, ice cream freezer, and large size heavy pots and pans—the present ones are very obsolete.

There is no question that the whole picture of the Delaware Hospital is that of an old building far outgrown, and the condition can be corrected only by constructing a new and larger hospital.

The committee feels that the hospital needs more graduate nurses. The present nurses' home is entirely filled and overflowing. With the additional personnel needed, the present home would be much too small.

Most of these factors have been presented to the Society's attention at the last meeting, and the hospital authorities have endeavored to comply with the recommendations presented by the committee. Unquestionably they have improved the hospital facilities in many respects.

Wilmington General Hospital, Chestnut and Broom Streets, Wilmington. Bed capacity, 110.

This hospital was found to be in excellent condition as far as the building, nurses' home, and general conditions are concerned. There are a few things that the Committee feels should be adjusted immediately to comply with all the requirements of modern hospitals. The recommendations of last year were:

The establishment of a social service department.  
To increase the staff of interns, and also the number of nurses and student nurses on night duty.

To improve the condition of the records.

These were complied with by the officers of the hospital, and the hospital is undoubtedly in very good condition. We are very glad to state that this hospital

is completing a building for 30 beds for contagious diseases, which will be the last word in modern hospital care of contagious diseases. This building will be opened in the near future.

Homeopathic Hospital, 1501 Van Buren Street, Wilmington. Bed capacity, 159.

The Committee visited the new building, and it feels that the Medical Society and the community can be proud of such a modern hospital building in the state. There is no question that the Committee cannot find words to express its delight in seeing the hospital in such a good condition. All the departments of the hospital are adequately equipped, and there is no question that they have all the facilities to operate the hospital in a modern way, and give the patients proper care and treatment.

The Committee finds that the out-patient clinic is in need of reorganization and enlargement.

We also recommend to have a new dispensary or pharmacy with a pharmacist in charge.

At the last meeting we recommended the establishment of a social service department, and an increase in the number of interns, and an increase in the number of night nurses. These have not been complied with, and we feel that the establishment of such departments, and the increase in the number of interns and night nurses will undoubtedly aid in better care and treatment of the patients in the hospital.

St. Francis Hospital, 8th and Clayton Streets, Wilmington. Bed capacity, 75.

We are sorry to state that the conditions in St. Francis Hospital remain the same as was reported at the last meeting. The officers of the hospital are very anxious and desirous to improve the conditions, and to comply with our former recommendations; but due to the fact that they are unable to find sufficient funds for that purpose, they have to be satisfied with the present conditions.

Herewith we are repeating our former recommendations:

The hospital is lacking of:

A social service department.

Department of dietetics.

Special obstetrical department. At the present time the obstetrical cases are mixed with the general surgical cases.

The Committee presents the following recommendations:

To employ a graduate dietitian who will have charge of diets and the teaching of dietetics.

To establish a social service department and employ a social service worker who will be in charge of that department.

To add one or two graduate nurses to the staff.

To have special obstetrical department.

To have more space for the laboratory. The laboratory room at the present time is very small.

To decrease the number of beds in the wards.

To employ a medical stenographer, who will also be in charge of the records.

To enlarge the physio-therapy department.

To enlarge the nurses' home. There are five or six beds in the rooms, with very little bathing facilities.

To establish proper fire protection.

It is also recommended to have a library for the officers and nurses.

To enlarge the force of nurses on night duty.

To enlarge the out-patient department and keep proper records of the same, under the supervision of the chief or associate chief.

Kent General Hospital, Dover. Bed capacity, 39.

Generally speaking, this hospital was found in good condition. It is a modern, semi-fireproof building.

The recommendations presented at the last session have not been complied with because of the lack of funds. The following was found:

There is lack of a proper number of fire escapes.



The operating room is uncomfortably hot because the boiler plant is located under the same, without proper insulation.

The laboratory is inadequate.

There is no physio-therapy department, nor social service department.

The x-ray room is entirely too small.

No proper diet kitchen nor dietitian.

Records found in very poor condition.

Nurses' quarters—at the present time the nurses are occupying rooms in the basement opposite the kitchen.

The Committee still feels that they should recommend the same as they did at the last meeting:

It is necessary to have additional fire escapes (1 or 2).

Proper insulation of the boiler room.

To enlarge the present laboratory, and also enlarge the x-ray room by removing the partition.

Establish a physio-therapy department.

To employ a laboratory technician who will take care of the laboratory, x-ray and physio-therapy departments, and possibly part of the work of the out-patient clinic. This is an important feature.

A portable x-ray apparatus should be included in the equipment of the x-ray department.

Establishment of proper diet kitchen under the care of a graduate dietitian.

Nurses' quarters—it is desirable for nurses to have a special building for their quarters.

To establish a social service department, which will help the economic situation of the hospital.

Employ a medical clerk, who will also take care of the office work, which will help the superintendent and the resident physician a great deal.

If the hospital can obtain the services of an intern it should endeavor to do so.

The location of the dining room for nurses is not very desirable. This should be corrected, if possible.

The walls of the building need painting.

Enlargement of the out-patient department by adding one or two rooms to the same.

It is recommended that each medical member of the staff be responsible for the records of his cases.

Milford Emergency Hospital, Milford. Bed capacity, 35.

The Committee feels that the officers of the hospital have endeavored to improve the conditions, and have done well under the circumstances.

At the last meeting the Committee recommended that they obtain funds from the state for the enlargement of ward facilities in Kent and Sussex County Hospitals. This was done, and we feel that since these hospitals have received additional funds, they will be able to improve the conditions and the facilities of the hospitals in the lower counties.

The Committee heartily congratulates the board and officers of the Milford Emergency Hospital for their endeavor to improve and modernize the hospital as much as they can under the conditions.

Marshall Hospital, Milford. Bed capacity, 30.

The Committee does not feel that it can make any particular suggestion, as this is a private hospital, and it is not in the sphere of the Committee to criticize in any way this hospital. We believe that they are trying to do the best they can under the circumstances.

Beebe Hospital, Lewes. Bed capacity, 60.

This hospital was in very good condition, with good facilities. We find they have a splendid record system, and the records are kept up to date, and we understand that the hospital authorities are endeavoring to comply with our former recommendations, and have plans whereby they will have proper fire escapes, and will enlarge their general kitchen and have special diet kitchens, and also enlarge their x-ray and physio-therapy departments.

We feel that with the establishment of a social service department, with a trained social service worker in charge, who will also have charge of the records of out-

patients, and with the increase in the number of graduate nurses, the board and officers of the hospital will put the hospital in splendid condition.

Delaware State Hospital, Farnhurst. Bed capacity, 610.

Generally speaking, the hospital was found in good condition, except that it is still overcrowded. At the present time there is space for 610 patients, but the hospital is accommodating 750 patients, which is undoubtedly not a very desirable thing to contend with. The Committee wishes to congratulate the authorities for the establishment of the Psychiatric Observation Clinic, and the new building for Continued Treatment Cases.

Since the last report was presented to the Society, the Psychiatric Observation Clinic, a forty-bed unit, has been completed and opened February, 1931, and since then this unit has been filled at all times. The Continued Treatment for 60 beds is one of the most modern type of buildings for the care of continued treatment cases. A portion of the nurses' home has been completed and occupied also.

The hospital is completing at the present time a re-educational building for 96 beds, and also the building for the doctors' residences.

The Committee recommends to consider still the serious condition of overcrowding, and to hasten the plans for future buildings.

The Committee is glad to report that the hospital has increased the personnel of the medical staff. At the present time the hospital has 5 resident physicians on the staff, in addition to the superintendent.

In the very near future the hospital is planning to have special medical and surgical departments, a special ward for children, and a special receiving ward for all acute cases.

The Committee is proud to report that the hospital is affiliated with the Delaware Hospital, and in addition to this has opened a course of lectures for the nurses of all the hospitals in the State of Delaware. So far, the senior students of the Delaware Hospital, Wilmington General, Homeopathic, St. Francis, and Milford Emergency, have been taking this course.

Brandywine Sanitarium, Marshallton. Bed capacity, 80.

The building was found in good condition, but overcrowded, lacking of many modern facilities to take care of Tb. patients.

We understand that the board expects to complete a building for Tb. children in the very near future. They are also enlarging the nurses' home, thus providing proper quarters for the additional officers, nurses and attendants of the hospital.

We understand that since the last report the board has complied with our recommendation, and has established an x-ray department. They still are lacking of proper equipment in their physio-therapy department.

We understand they are erecting a new building for the superintendent's home, and his present home will be converted into a residence for the resident assistant physician.

The board has complied with our recommendation, and has a full-time resident assistant physician. They also have added a graduate nurse for day duty, thus making two graduate nurses on day duty and one on night duty.

The Committee still feels that they could add a few more attendants in order to have an adequate force to take care of those who are under their care.

The kitchen is in better condition. They have new equipment, and have installed gas, as recommended by the committee.

The Committee recommends that a technician be employed, who will take care of the x-ray, physio-therapy, and laboratory departments.

The Committee recommends to add to the medical staff a visiting roentgenologist.



In addition to this, the Committee recommends that in addition to the building for the care of Tb. children, another floor should be added to the present building, which will take care of the crowded condition of the Sanitarium.

Delaware Colony for Feeble-Minded, Stockley.

We recommended the following for this institution at the last meeting:

To employ a resident physician and a graduate nurse.

To employ a number of teachers for general educational purposes and for vocational training of the boys and girls.

To add playgrounds of modern type and recreational rooms for winter.

To keep adequate records.

Generally speaking, to try to rehabilitate those who are capable of existing outside by supervising them with a social service worker who will constantly visit them and supervise their life and work.

To establish an infirmary to take care of the sick inmates.

Since our last report the institution has erected a school building and established a school. We congratulate the board and officers for this achievement.

We hope that the board and officers will consider the importance of vocational training and proper recreational and occupational training for the institution, and will comply with our recommendations.

In conclusion, the Committee requests that the Society seriously consider and approve these recommendations, send a copy to the governor and to the Board of Directors of each institution. The Committee feels, that after they spend two or three days in surveying, inspecting and studying the hospitals and institutions, with the endeavor to criticize constructively in regard to conditions, facilities, etc., of the same, thus attempting to help the board and officers to bring their organization up to date, that the members of the Society should at least endeavor to read this report, which will be printed in *THE JOURNAL* in the near future.

DR. TOMLINSON: I would move that this very fine report be accepted.

The motion was regularly seconded, was put to a vote, and was carried.

DR. FORREST: I wanted to say before you put the motion, I feel, since I was on the Committee for Hospitals, that this additional committee, the Committee of Hospital Survey, is a bulky one and therefore not a well-functioning body. I think it might be well to consider the advisability of discharging the particular Committee on Hospital Survey and see that you have a Committee on Hospitals that will function in the same manner and make the same report on hospitals. I see no reason for having two committees that overlap, and I think a small committee from each county would do the work, provided we can get the individuals to take an interest in this particular thing.

If the person who made the motion would accept an amendment, I would say that we accept the report with thanks, and ask that the Committee on Hospital Survey be discharged with our thanks.

PRESIDENT McELPATRICK: In other words, you want the Committee on Hospital Survey to be abolished and make it the Committee on Hospitals, which is practically the same thing.

DR. TARUMIANZ: I am not a member of the House of Delegates, but I should like to say something.

DR. FORREST: I make a motion that Dr. Tarumianz be accorded the privilege of the floor.

The motion was regularly seconded, was put to a vote, and was carried.

DR. TARUMIANZ: For the last two years the Chairman of the Hospital Committee and the Chairman of the Hospital Survey Committee have tried to get a few members together, members of the committees, to inspect and survey the hospitals, and they have not been able to do so except one or two members. It seems to me

the Hospital Survey Committee is entirely too large and it is almost impossible to get all the members together; while, as Dr. Forrest recommended, a small Hospital Committee will do the same work with more efficiency and possibly accomplish more than in the past.

PRESIDENT McELPATRICK: Since Dr. Tomlinson has gone out, we will treat this amendment as a separate motion. All in favor of this motion, please say "Aye," contrary "No."

The motion was put to a vote and was carried, after which Dr. Tomlinson's motion was again put to a vote and was carried.

PRESIDENT McELPATRICK: The Committee on Hospital Survey is discharged with thanks.

Next is the Committee on Necrology, and Dr. Tomlinson, the chairman, is out for the present. Suppose we pass it over until he comes in.

Next is Reports of Special Committees, and the first of these is the Woman's Auxiliary.

SECRETARY LAMOTTE: That is a Report on the Woman's Auxiliary by the Woman's Auxiliary. I have the Report of the President of the Woman's Auxiliary.

Secretary LaMotte read the report.

#### REPORT OF THE WOMAN'S AUXILIARY

It is once more my privilege to make the report of the Woman's Auxiliary. At the end of the second year, I find much that has been of interest and value to the whole organization.

Early in October of last year we were invited to become part of the committee entertaining the visiting women at the meeting of the American Medical Association, held in Philadelphia, in June. The Delaware Auxiliary became one section of the Convention Committee and it was my honor to be its chairman, a member of the Executive Committee, and treasurer for the Convention. The Finance, Music, Ticket, Trip to Longwood, Menus at the Bellevue Committees were entirely composed of Delaware members, and we had representatives on the Inter-County, Registration, Flower, and Junior Committees. There seems to be a general consensus of opinion that this Convention set a new standard for such meetings. Every phase was well done, and when the bills were all paid, the Committee ended with a small balance in the bank. We are deeply indebted to the Philadelphia women for their generosity in sharing the Convention with us.

In December, the regular meeting was held at the Wilmington Country Club. Representatives of various women's organizations were entertained, and Dr. Charles White gave an intensely interesting talk on the medical point of view of the Medical Liquor Bill to be presented at the 1931 meeting of the Legislature. During this month the Auxiliary affiliated with the City Federation of Women's Organizations and the Women's Joint Legislative Committee. Both of these steps were taken with the approval of the Chairman of the Advisory Committee, and of the National President. A statement of the position taken by the State Medical Society in its Medical Liquor Bill was prepared by the Legislative Committee and presented by the President of the Auxiliary to the Woman's Joint Legislative Committee at the request of its chairman.

During the session of the Legislature, the President averaged an attendance of at least once a week. May I venture the opinion that the greatest opposition to any change in the Loose and Klair laws lies within women's organizations? The Legislative Committee of the State Medical Society called on the President of the Auxiliary to communicate with the members of the State Board of Health in regard to the veto of the Chiropractic Bill by the Governor. This was attended to and it was my privilege to be in the Legislature when the bill was returned with the Governor's message. At the January meeting of the New Castle County Medical Society, I was requested to be present and did so. May I thank that part of your organization for the honor thus extended to me?

In February, the Delaware Auxiliary was delightfully entertained at the Philadelphia County Medical Society Building by the Philadelphia women. Dr. Joseph Doane gave a most interesting talk on the Trail of the Poppy, tracing the use of opium through civilization and literature. The afternoon was one more evidence of the very pleasant relations that we have with our neighboring Auxiliary. The Delaware President was invited to their annual luncheon, but was unable to attend, as it occurred on the same day the Delaware May meeting was held.

At the suggestion of the editor of the Delaware State Medical Journal, Mrs. Lawrence Jones and I visited a meeting of the Hauser Clinic and were much interested at the type of information put forth and the size and personnel of the audience. There seems to be an increasing feeling that meetings sponsored by the Auxiliary, where authentic information is well stated, will do much to effect this type of propaganda, so much of which is disseminated through women's organizations.

With the hope of having the best in moving pictures, the State Federation of Women's Clubs is forming a committee to endeavor to make some change for the better, and the Auxiliary has been invited to have a representative on this committee. This has come about partly from the showing of a picture "The Night Nurse," which these club women considered detrimental to the medical and nursing professions. This matter is to be considered at the regular meeting.

The President of the Auxiliary was invited to attend the annual banquet of the State Federation of Women's Clubs, held in Milford, in May. May I mention the great courtesy extended to us by other women's organizations? The President has also been a member of Committee on the Medical Library.

At the Convention held in Philadelphia, the President of the Delaware Auxiliary was elected fourth vice-president of the Auxiliary to the American Medical Association, and as such has recently been a guest of the Pennsylvania Auxiliary at the State Medical Society meeting at Scranton. This honor was entirely unsought and unexpected, and perhaps for that reason was even more deeply appreciated.

During July the Auxiliary entertained the men at the summer home of Dr. and Mrs. Paul Smith. Every one who was there will testify to the good time that we all had despite the rain, and a vote of thanks is due Dr. and Mrs. Smith for their cordial hospitality.

At the end of two years, I extend to every member of the State Medical Society and the Auxiliary my heartfelt thanks and appreciation for their many kindnesses and real co-operation in every undertaking. Whatever I may have done of any value, has been done with a deep realization of the honor that has been mine and with the most sincere love and respect for the high ideals of this wonderful profession of yours.

It was regularly moved and seconded that the Report of the President of the Woman's Auxiliary be accepted. The motion was put to a vote and was carried.

PRESIDENT McELPATRICK: Now we will have the Report of the Committee on Necrology, Dr. Tomlinson.

Dr. Tomlinson read the report.

#### REPORT OF THE COMMITTEE ON NECROLOGY

As the New Castle County member of the Committee on Necrology I beg to report the deaths of Doctors Asa Adair and Henry R. Spruance, both of Wilmington, occurring during the present year.

Doctor James Asa Adair, son of James Asa and Mary Elizabeth (Hinckle) Adair, was born in Wilmington in 1895. He was a graduate of the Wilmington High School, and of the Hahnemann Medical College of Philadelphia, becoming a medical doctor in 1921. Later he located in Wilmington, where he continued to practice his profession the remainder of his life. He was a member of our County and State Medical Societies, and the American Medical Association. In 1921 Dr. Adair mar-

ried Miss Grayce Mason, of Salem, New Jersey, who with a son, their only child, survive the deceased.

It was never my pleasure to be personally acquainted with Dr. Asa Adair, consequently I am not familiar with his characteristics, except as I have been able to gather data from some who knew him well. From this information thus obtained I am happy in saying that Dr. Adair's life was above reproach and entitled him to the confidence, the respect and esteem of the public, which he enjoyed. All honor to such men.

Doctor Henry R. Spruance was the son of Henry Clay and Hannah Woodall Spruance, and the grandson of Enoch and Anne Wakeman Spruance. He came of a long line of the Spruance family in Delaware, who stood for all that was best in citizenship.

His mother, who died in 1914, was also of an old Delaware family, some of her ancestors having served in the Revolutionary War, thus enabling the subject of this sketch to become a member of the Sons of the American Revolution.

Dr. Spruance was born in Smyrna, Delaware, January 2, 1866, was educated in the Schools of Smyrna, and under private tutors in Philadelphia. He graduated at Jefferson Medical College in 1892, and later located in Wilmington, where he continued to practice medicine until twelve years ago. Since his retirement he and his wife have traveled extensively.

In 1906 Dr. Spruance married Miss Natalie Simpson, daughter of Francis E. and Emeline Coxey Simpson, of Wilmington. Their only child died in infancy.

Dr. Spruance was of a genial nature, ever careful and charitable. These beautiful traits, coupled with skill as a physician, won for him the confidence and esteem of a large clientele and a deep-seated affection on the part of most of his patients. He spread his charity without ostentation and his memory will be long revered by his beneficiaries.

PRESIDENT McELPATRICK: The hand of the Reaper has been lenient with us this past year and we have had but two deaths, as reported by Dr. Tomlinson. I think it would be appropriate to stand and bow our heads for a moment in reverence to the dead.

The members arose and observed a moment of silence in memory of the departed members.

PRESIDENT McELPATRICK: Next is the Report of the Committee on Health Problems and Education. That consists of Dr. Elliott, Dr. Ellis, Dr. Sargent, Dr. Davies, and Dr. Smith. Dr. Davies, have you any report on Health Problems?

DR. DAVIES: Perhaps the most important thing is the present campaign which opened on the 12th of October for the immunization against diphtheria. The campaign is now wide open and they are inoculating the various schools, of which schedules have been sent out, and we hope to get at least 15,000 or 20,000 more pre-school children.

Lectures have been held before all of the women's organizations and luncheon clubs and announcements have been made in the various churches of all denominations, so I think the campaign is well under way and is being well handled.

SECRETARY LAMOTTE: Mr. President, that is a special committee. What do you care to do about it? It was appointed some years ago at the request of the President of the American Medical Association, and the idea was to have the various specialists on this, like internists, pediatricians, ophthalmologists, and so forth, but, you see, they got away from that. Do you want to continue it or discharge the committee?

PRESIDENT McELPATRICK: What is the pleasure of the members of the House of Delegates? Do you wish to continue this matter as Dr. LaMotte has explained?

DR. DAVIES: If you think this committee is inactive, why not discharge it with thanks? I make that as a motion.

The motion was regularly seconded, was put to a vote, and was carried.

**PRESIDENT McELPATRICK:** The Committee is discharged with thanks.

Next is the Committee on Cancer, but I believe Dr. Springer, the chairman, has gone out.

What is your pleasure on this Committee on Cancer? These special committees are not on the list for nominations. If you want to continue that same committee, discharge it, or appoint a new committee, you may do so. My idea is to get rid of some of the superfluous committees which we have which have to be printed and typed a dozen times year after year.

**DR. BASTIAN:** I move that you discharge the Committee on Cancer with thanks.

**DR. DAVIES:** If I am not out of order, I think this Cancer Committee should be continued. Perhaps they are not very active in regard to cancer; none of us have been very active because we don't know quite enough about it, but I think the Committee should be continued and I think also the Committee on Syphilis should be continued. I don't think we should take the matter up in a haphazard manner and discharge all the committees, even though I was willing to be discharged myself.

**PRESIDENT McELPATRICK:** I do believe we should have a Cancer Committee. It is coming more and more among us, and the State Society should handle this. If we don't, other organizations will take it up. We had an example of the Chamber of Commerce handling our diphtheria campaign, so we should not discharge this committee. If we want to discharge old committees that have never functioned, all right. We can dismiss them and have new ones.

**DR. BASTIAN:** I made the motion, Mr. President, because we have an organization, a cancer organization, and it is not part of the State Medical Society, but it is very active, and I thought on that account probably this committee would not be of much help and just take up time. I would rather hear from Dr. Springer before we act on that. That is my idea in making the motion.

**PRESIDENT McELPATRICK:** Suppose we don't act on this until Dr. Springer comes in.

The next is the Committee on Syphilis, Dr. Chipman, Chairman.

Dr. Chipman read the report.

#### REPORT OF THE COMMITTEE ON SYPHILIS

Pondering the encouraging reports incident to the renewed efforts of the State Board of Health in the problem of venereal disease control, your committee offers the following suggestions for the work of the coming year:

First: That a program of follow-up work be instituted, particularly applied to the individual hospital clinics. The committee realizes that this is a most important part of venereal disease control and one of the most neglected.

Second: Generally speaking, your committee has felt that there is need of a more personal touch between the State Board of Health and those physicians treating venereal diseases in this state, further suggesting that the county physicians of the State Board of Health meet personally and urge every physician, in their respective counties, to report his cases of venereal infection. This personal contact would, in the opinion of your committee, show itself in a startling increase in case reports.

**DR. CHIPMAN:** I should like to say that the State Board of Health, according to Dr. Jost, with whom I was speaking, this year has had an increase of 541 case reports of syphilis alone, which brings it up from practically nothing to that number, so that the Committee in itself last year evidently did some good.

This being a special committee, it wishes to be discharged, and I want to thank Dr. Wagner and Dr. Vallett for their hearty co-operation.

**PRESIDENT McELPATRICK:** Last year we heard Dr. Chipman give quite an extensive talk on syphilis, and at that time he wanted to be discharged. I think it

has repaid us well to keep Dr. Chipman on and I still feel the Committee can do a lot of good. I feel that though it is a special committee, it should be kept going.

What is your pleasure in regard to this report?

**DR. FORREST:** I move that the Report of the Committee be accepted, but that the recommendation to discharge it be not followed out, that the Committee be continued as an active committee.

The motion was regularly seconded, was put to a vote, and was carried.

**PRESIDENT McELPATRICK:** Now we will go back to the Committee on Cancer. Dr. Springer was out when the report was called for, and there was criticism of discharging the Committee because of its inactivity, and we felt you should have a little say on it, Dr. Springer.

**DR. SPRINGER:** I think the President has made my report for me. There hasn't been anything special accomplished that we could report, but I might say that the work is going on all the time. You will find that there have been many things in the paper about the subject. I don't know whether it is being overdone or not, but it is being done and, as you know, we have a Delaware Committee of the American Society for the Control of Cancer, and I think very likely at the next meeting we will have a great deal more to report.

**DR. BASTIAN** withdrew his motion to discharge the Committee. It was regularly moved and seconded that the report of the Committee on Cancer be accepted. The motion was put to a vote, and was carried.

**PRESIDENT McELPATRICK:** Next is the Report of the Committee on Library; Dr. Flinn is chairman. Does any member of the Committee want to report on the progress of the new library? There was talk in the paper to the effect that it was going on rapidly, and some member of the Committee should give us some information.

**DR. FORREST:** I don't know anything about it except that we haven't had any meetings for six months to a year, but undoubtedly the Committee is trying to do something, and I do not think it is up to me to make a report inasmuch as the chairman is not here. I think it advisable to continue the Committee in its entirety or have another committee, whichever might be advised by the new President, but they are doing some work and probably are making some progress, though the exact progress we cannot report today.

**PRESIDENT McELPATRICK:** That is a special committee, so we don't need to take any action on that.

Next we will have the Report of the Delegate to the American Medical Association, Dr. Tomlinson.

Dr. Tomlinson read the report.

#### REPORT OF DELEGATE TO A. M. A.

June 8-12, at the eighty-second Annual Session in Philadelphia.

First Meeting, Monday morning, June 8, 1931, in the Crystal Ballroom of the Benjamin Franklin Hotel, at 10 o'clock. Dr. F. C. Warnshuis, Speaker of the House, said, among other things "No gag-rule or steam-roller tactics will be tolerated." Minutes of preceding meeting at Detroit, 1930, adopted.

Following this was the address of the Speaker. One very important resolution, I think, was transmitted to the secretary, by Dr. Carl F. Moll, of Michigan; viz: "Whereas, the advancement of medical science through the results of research and practical experience has stimulated many physicians to confine their professional activities to limited and special fields of medical practice; and

Whereas, there has thus been created a class of specialists in medicine; and

Whereas, there appears to be a growing tendency on the part of physicians who are not properly qualified to hold themselves out as specialists; therefore be it

Resolved, that the Speaker of the House of Delegates shall appoint, by and with the advice of the President



and the Board of Trustees, a Commission on Qualifications for Specialists composed of nine members; that said Commission shall undertake to define the qualifications that should be required of the individual physician who desires to limit his practice to any special field and to be known as a specialist, and that in arriving at such definition the Commission on Qualifications for Specialists should give consideration to questions of education, training and clinical experience; and be it further

Resolved, that this Commission shall give consideration to the present status of specialization in medicine, and shall define the various specialties which, in the opinion of the Commission, may be considered as necessary for the best interests of the public and of scientific medicine; and be it further

Resolved, That the Council on Medical Education and Hospitals be directed to render its assistance to the Commission on Qualifications for Specialists, and that the Board of Trustees be requested to provide necessary clerical assistance; and be it further

Resolved, that this Commission shall report to the House of Delegates concerning the advisability of the possible enactment of legislation whereby state boards of medical examiners or other bodies charged with the administration of practice acts may be empowered to issue special licenses to physicians who wish to qualify and to practice as specialists; and be it further

Resolved, that the report of this Commission and its recommendations shall be submitted to the House of Delegates, through its secretary, at the next annual session."

In the Report of the Board of Trustees, a very gratifying part of that report, which was a tribute to the integrity and fidelity of the members of the medical profession and of organizations dealing with the association, it was stated that in transactions involving more than \$1,500,000 it was found necessary to charge off a sum amounting to less than \$6,000 under the item "Bad Debts" in a year characterized by what may prove to have been the worst financial depression the country has ever experienced.

On Thursday morning there was no session of the House of Delegates, the various committees taking that time to go over the resolutions which had been sent to them for study, to give them time to report in the afternoon at the afternoon session. I took advantage of that opportunity and called around first at the home of Professor Hobart Hare, who I understood was nearing death. The butler met me at the door and I said, "I didn't expect to see the professor. I merely stopped to leave my card. We all love him and admire him, and you give him this card."

Then I went to the home of Professor Keen, and in the meeting of the House of Delegates I got up and said, "I don't know whether this is the proper time or not to deliver a message, but when the time is opportune, I have a message from the star of American surgeons, Dr. William W. Keen." The Speaker said, "The House will stop whatever it is doing to receive a message from Dr. Keen at this time."

As I stepped out, he said, "This is Dr. Tomlinson, of Delaware, the oldest member, eighty-two," which was not true, but it was so darned near it, I didn't correct him, and I delivered Professor Keen's message, and it was that he hoped the House of Delegates would continue to function as profitably as they had heretofore done and they had his heartiest good wishes for a profitable session on this occasion; and I believe I added that I knew I spoke the sentiments of Dr. Keen and might add the desire of my own heart was that the American Medical Association should continue to function as it had done, to grow and to glow, shining brighter and brighter, like an unfixed star rising higher and higher until it had reached the zenith of glory and radiated itself to the remotest parts of the sphere.

PRESIDENT McELPATRICK: You have heard the report of Dr. Tomlinson. What is your pleasure?

It was regularly moved and seconded that Dr. Tomlinson's report be accepted. The motion was put to a vote and was carried.

PRESIDENT McELPATRICK: Next is the Report of the Delegate to the Federation of State Medical Boards.

DR. SPRINGER: I have nothing to add. My Report on Medical Education covered that.

PRESIDENT McELPATRICK: Have we any reports of delegates to other state societies?

DR. BRINGHURST: I was the delegate to the State Pharmaceutical Association. I seemed to be the only outside delegate there. They had a very interesting session, and a good many papers on the business of keeping a drug store, in which I wasn't particularly interested, but there was one good paper there from a representative of Sharp & Dohme on the preparation of digitalis, and one thing I learned was that it makes a lot of difference whether it is gathered in the night or in the day. It is not like wild oats which are supposed to be sown in the dark, but is better gathered about four o'clock in the afternoon.

It was moved that Dr. Bringhurst's report be accepted. The motion was regularly seconded, was put to a vote, and was carried.

PRESIDENT McELPATRICK: Is there anything else under this head? Do we have any delegates from other states?

We are now under the head of Unfinished Business. Will Dr. Forrest make the report of the Nominating Committee?

DR. FORREST: Mr. President and Members: The Nominating Committee presents the following recommendations:

First Vice-President, C. J. Prickett, Smyrna.

Second Vice-President, R. Raymond Tybout, Wilmington.

Secretary, Wm. O. LaMotte, Wilmington.

Treasurer, S. C. Rumford, Wilmington.

Councilor, Lewis Booker, New Castle.

Delegate to A. M. A., W. E. Bird, Wilmington (1 year unexpired term).

Committee on Scientific Work: W. O. LaMotte, Chairman, Wilmington; Chas. Wagner, Wilmington; J. Roscoe Elliott, Laurel.

Committee on Public Policy and Legislation: Chas. P. White, Chairman, Wilmington; John H. Mullin, Wilmington; W. T. Chipman, Harrington.

Committee on Publication: W. E. Bird, Chairman, Wilmington; M. A. Tarumianz, Farnhurst; W. O. LaMotte, Wilmington.

Committee on Medical Education: H. L. Springer, Chairman, Wilmington; Joseph S. McDaniel, Dover; Jos. B. Waples, Georgetown.

Committee on Hospitals: M. A. Tarumianz, Chairman, Farnhurst; O. V. James, Milford; Henry Wilson, Dover.

Committee on Necrology: W. P. Orr, Chairman, Lewes; Willard E. Smith, Wilmington; L. S. Conwell, Camden.

Advisory Committee for Woman's Auxiliary: T. H. Davies, Wilmington; Richard Beebe, Lewes; D. T. Davidson, Claymont; I. J. MacCollum, Wyoming; C. A. Sargent, Dover.

Names to be submitted to the Governor for his selection of two as members of the Medical Examining Board: Olin S. Allen, T. H. Davies, H. L. Springer, Jos. S. McDaniel, Wm. Marshall, Jr., L. S. Parsons, Joseph W. Bastian, Richard Beebe, O. V. James, John H. Mullin.

The Nominating Committee in considering the appointment or rather the selection of delegates to the various state societies, and I myself, being Chairman of this Committee, thought it advisable to select delegates to the state pharmaceutical society no more or to other state societies. I have been more or less actively inter-



ested in the society for twenty-five years. Dr. Bringhurst has made a report on the state pharmaceutical society and it is only the second one I have heard in twenty-five years; therefore, I think it is a useless gesture to select these delegates. If the Society feels otherwise, I am perfectly willing to go along and select delegates, but it is cumbersome and it is useless if the men do not as a rule visit these societies.

If the Society instructs the Committee to add to its report delegates to the various state societies, we shall be very glad to do it; otherwise we present this report as it is.

DR. WALES: I move that the report be accepted as read.

DR. BRINGHURST: I second the motion.

The motion was put to a vote and was carried.

PRESIDENT McELPATRICK: We are now under the head of New Business.

DR. BASTIAN: Under New Business I want to bring up two things to see whether you think it advisable to make a little change. The first is in Article V of the By-Laws, Section 3, Section 4, and also Section 7. I think that should be looked into by the Committee to see if they could not be arranged a little more accurately. In Section 4, beginning in the first Article, it names the President, Vice-President, and Secretary, and Treasurer, and Councilors; and in Section 4 none of these are eligible who are delegates. Then in Section 7, Election of Officers, excepting the President, shall be the first order of business of the House of Delegates after the Reading of the Minutes.

I think both those sections should be considered and see if they cannot be modified to suit a Society as small as the Delaware State Society is. Very often Section 4 has been disregarded in nominating officers. Section 4 in Article V and Section 7 are the ones I think should be looked into, pages 14 and 15.

PRESIDENT McELPATRICK: Is there a second to that? The motion was regularly seconded, was put to a vote, and was carried.

SECRETARY LAMOTTE: You understand you have to present this, Dr. Bastian, in writing, for next year.

DR. BASTIAN: That is coming along with your Committee.

PRESIDENT McELPATRICK: You will give us a written report on that for next year.

PRESIDENT McELPATRICK: We will go to Resolutions.

DR. SPRINGER: In order to follow up the Report of the Committee on Medical Education, I should like to introduce this Resolution and I will make it in the form of a motion: That the President appoint a carefully selected committee to act with the State Board and the Committee on Public Policy and Legislation to look into and study carefully the question of changing the Medical Practice Act either by amendment or making an entirely new act, and that this committee report at the next meeting of the Delaware State Medical Society.

DR. WALES: I second the motion.

The motion was put to a vote and was carried.

SECRETARY LAMOTTE: I have a letter here from Dr. Woodward. Here is an extract of a report of a committee which was approved by a Board of Trustees. I shall not read it because it will take too much time.

PRESIDENT McELPATRICK: Dr. Fishbein, would you like to explain this to us?

DR. FISHBEIN: I presume you mean as to the criminologic institutes. It is recognized that the United States is far beyond every civilized country in the world so far as concerns the actual scientific study of crime, and our records in the Thompson and Capone cases are nothing to be proud of, so we feel that until each state has looked into its entire procedure so far as concerns the scientific investigation of crime and has an adequate organization for making such studies, we will not make any progress at all in this field.

Regarding the investigation, let us say, of a murder, five states have the medical examiner system, and there

are other states in which the coroner makes the investigation and impanels the coroner's jury. There are in practically no states any facilities for studying crime, such as involve microscopic examination and serological examination of bloodstains. There are no adequate rules for covering the proper type of post-mortem examination. All cases in which death occurs in a hospital within twenty-four hours and in all cases of murder, there should be scientific investigation.

This step taken by the American Medical Association, in conjunction with the schools, with the American Psychiatric Association, and the American Bar Association, and other organizations, is the first step toward establishing scientific study of crime. I don't know what your facilities are in Delaware. Of course, your laws would have to be looked into, and you would have to find out what part you could take in having your institutes of higher education and your legal profession co-operate in getting this movement started.

So, I would feel that the ideal step would be for someone to move the appointment of a committee by the President to look into the situation and to begin to see what could be done in Delaware toward the movement, which will undoubtedly spread all over the country.

PRESIDENT McELPATRICK: Thank you very much, Dr. Fishbein.

DR. BIRD: I move that the Chair appoint a committee of three to investigate the matter under discussion.

The motion was regularly seconded, was put to a vote, and was carried.

PRESIDENT McELPATRICK: Are there any other resolutions? Are there any communications?

SECRETARY LAMOTTE: I have a letter from Dr. Coleman, one of the members of the Association for the Protection of Constitutional Rights, and they have asked if we would act on this resolution. If you want to hear it, I will read it. It is about Congress regulating the amount of liquor, and restrictions, and so on.

DR. FORREST: Read the first clause.

Secretary LaMotte read the first paragraph: "The Congress . . . laws of a number of States."

DR. FORREST: It wouldn't apply to us in Delaware because we have no privilege of prescribing any alcoholic for treatment of patients.

SECRETARY LAMOTTE: I think it just relates to the Volstead Act.

DR. FORREST: I move that it be laid on the table.

The motion was regularly seconded, was put to a vote, and was carried.

SECRETARY LAMOTTE: I have some more communications. This is from Mrs. John B. Deaver:

"To the Medical Society  
of the State of Delaware:

"I want to thank you so much for the very beautiful cluster of roses and dahlias you sent Dr. Deaver. We all deeply appreciate your thoughtfulness and this token of your love and regard for him.

"Very sincerely,

Caroline R. Deaver."

You probably remember Dr. Tom Williams, who spoke to us twice. He sent me a card from Florida, and asked me to remember him to the Society.

DR. FORREST: I move that the communications be received and filed.

The motion was regularly seconded, was put to a vote, and was carried.

DR. TOMLINSON: I want to ask if it is not our custom in nominating delegates to the American Medical Association, at the same time to nominate an alternate. I think it has been the rule.

DR. FORREST: You hold over for another year. We are filling an unexpired term of the regular delegate. You are alternate for two years. You run another year yet.

DR. TOMLINSON: Then the thing I want to put is a rising vote of thanks to the man who has been kind

enough to come here and deliver this edifying address, Dr. Fishbein.

The members arose and applauded.

PRESIDENT McELPATRICK: We will hear from the Auditing Committee on the Treasurer's Report.

DR. BASTIAN: The Auditing Committee has examined the books and records and has found everything to be correct.

DR. FORREST: I move that the Report of the Auditing Committee be accepted.

The motion was regularly seconded, was put to a vote, and was carried.

DR. FORREST: I move the acceptance of the President's Report.

The motion was regularly seconded, was put to a vote, and was carried.

DR. BIRD: I move that we approve the Scientific Program.

The motion was regularly seconded, was put to a vote, and was carried.

DR. FORREST: I move that all expenses, when approved by the Finance Committee, be paid, and could that bill for Dr. Deaver's flowers be included in that?

The motion was regularly seconded, was put to a vote, and was carried.

PRESIDENT McELPATRICK: Next in order is the selection of the next meeting place.

DR. HOCKER: Mr. President and Fellow Members: On behalf of the Sussex County Medical Society, I invite you to meet with us at Rehoboth, Delaware.

PRESIDENT McELPATRICK: We haven't decided whether it will be at the same time, or whether we will change the time. I suggested that change in the Presidential Report this morning.

DR. BASTIAN: I move that the present Secretary and one member from Sussex County, Dr. Hocker, be allowed to select a time that will not conflict with national society meetings.

PRESIDENT McELPATRICK: The By-Laws require a certain date.

SECRETARY LaMOTTE: The question is: At the time we have been meeting the American College of Surgeons meets, and the week before our meeting, the Pennsylvania Society meets, and I don't think we should meet at the same time they meet. I think a week later would be October 18 and 19, unless you want it a week earlier than Pennsylvania, which would be two weeks earlier.

DR. SPRINGER: I think in Rehoboth it might be in September, while the weather is warm enough to go bathing.

SECRETARY LaMOTTE: I think the colder the weather is, the better for the Society. When we met down there before, everybody was in bathing and we didn't have a quorum in the whole House there. We had to have a Committee of the Whole. The Rehoboth meeting was well attended, so I think we should have it around Christmas.

PRESIDENT McELPATRICK: We went to Milford and it was so cold the President had to wear an overcoat, so I don't know what kind of weather you want, but it is up to the House of Delegates as to when we shall meet.

DR. TOMLINSON: October is a beautiful month, and there are no mosquitos then.

DR. FORREST: I make a motion we meet the first Tuesday in October, 1932, in Rehoboth.

PRESIDENT McELPATRICK: That conflicts with the Pennsylvania State Medical Society.

DR. FORREST: I meant the last Tuesday in September. The motion was regularly seconded, was put to a vote, and was carried.

PRESIDENT McELPATRICK: Is there any miscellaneous business?

The press has been very good to us in the last week in announcing our program and the public health talk, and I think we should recognize their hard work. Also I should like to have the House of Delegates send some communication or word of thanks to Mr. Gibbs, the

manager of this hotel. They have been very good and kind to us, and few really know that we have been getting the privilege of this room without a cent's expense to the Society, half the lobby without paying a cent, also, and that is quite a help, and we should recognize it.

DR. TOMLINSON: I think Dr. Mayerberg has been in bed for over a week with broncho-pneumonia, and I think it would be a nice thing if we voted our sympathy and let him know we are in sympathy with him and hope he will soon be well.

The motion was regularly seconded, was put to a vote, and was carried.

DR. FORREST: I make a motion or a suggestion that we extend our expression of thanks to Mr. Gibbs, manager of the hotel, for his courtesy and kindness to the Society during the two days' session, and also express to the press of Wilmington our appreciation of the publicity they have given us preceding and during this convention.

The motion was regularly seconded, was put to a vote, and was carried.

PRESIDENT McELPATRICK: I should like to call your attention again to the exhibits. The exhibitors have paid a good price for their space, and that means revenue in our pocket. I hope that everybody will visit the booths and thereby show our appreciation.

A motion to adjourn is in order.

Upon motion regularly made and seconded, it was voted to adjourn. The meeting adjourned at one-twenty o'clock.

## MEDICAL SOCIETY OF DELAWARE

### Proceedings of the Annual Session

#### TUESDAY AFTERNOON SESSION

October 13, 1931

The first General Session of the One Hundred and Forty-second Annual Meeting of the Medical Society of Delaware convened in the Club Room of the Hotel Du Pont, Wilmington, at two-thirty o'clock, Dr. George C. McElpatrick, President of the Society, presiding.

PRESIDENT McELPATRICK: The invocation will be given by the Rev. Frederick Hasskarl, of Wilmington.

REV. FREDERICK HASSKARL: Let us pray. Almighty God, our gracious father in Heaven, in whom we live and move and have our being, Thou who art the source of all life, temporal and eternal, we thank Thee that Thou hast permitted this group of men to gather here together in order that they who busy themselves with this life may enter deeper into the great truths that Thou hast put into this world of nature and especially of the human being.

We pray Thee, Father, that Thou wouldest lay Thy richest blessing upon their gathering here together, that they may be strengthened in their work among their fellow-men in behalf of the temple of the spirit. We pray Thee that through the exchange of thought, knowledge of this body of ours may be increased; that they too might be led deeper into truths as Thou hast revealed them, and we, therefore, ask Thy blessing upon the gathering of this medical society, in the name of Him who is the Great Physician. Amen.

PRESIDENT McELPATRICK: Our address of welcome will be given by Mayor Frank C. Sparks, of Wilmington.

HON. FRANK C. SPARKS: Mr. President and Friends: I was asked to come here and give you the greetings of the city and that is my purpose here, to bring the greetings of the citizens of Wilmington to you doctors. I hope you will enjoy your stay here, and may in the near future come to see us again. I thank you.

PRESIDENT McELPATRICK: Next in order is the Presidential Address. My purpose in this address is to try to set forth the scientific advancement in medicine today as compared with one hundred years ago. I tried to make it brief.

President McElfatrick read his prepared address, entitled "Science and Medicine." (See October issue.)

PRESIDENT McELFATRICK: The first paper of the afternoon will be "Clinical Results of Radium Therapy in Wilmington General Hospital," by Dr. Ira Burns, of Wilmington.

Dr. Burns presented his prepared paper.

PRESIDENT McELFATRICK: As long as our next two papers are along the line of radium examination, we will postpone discussion on these papers until we have heard all of them.

The next paper is by Dr. James Watherwax, physicist of the Philadelphia General Hospital, Philadelphia. He will talk on "Radium and Deep X-ray Therapy." Dr. Watherwax.

Dr. JAMES WATHERWAX: I wish to thank you for the invitation to speak before your Society today. I hope to tell you something about our organization of the tumor clinic at the Philadelphia General Hospital.

Dr. Watherwax then read his prepared paper.

PRESIDENT McELFATRICK: Our next paper will be "The X-ray Examination of the Sacro-iliac Joint," by Dr. W. Edward Chamberlain, of Temple University, Philadelphia. Dr. Chamberlain.

Dr. Chamberlain presented his prepared paper.

PRESIDENT McELFATRICK: Before going on to the discussion of these papers, I should like to read a letter from the Board of Directors of the Wilmington General Hospital.

President McElfatrick read the letter, as follows:

The Board of Directors of the Wilmington General Hospital extends a hearty invitation to the members of the Medical Society of Delaware and guests to a private inspection of the Doris Memorial Hospital, Chestnut and Broom Streets, today, immediately at the close of the afternoon session. The public inspection will be a few days later.

This is the contagious unit of the Wilmington General Hospital, and is a contribution of Mr. and Mrs. Irene du Pont, in memory of their deceased daughter.

You will find this to be a most beautiful and complete unit and is the latest word for the treatment of contagious diseases. The board urges every physician to avail himself of the opportunity of the inspection of it today.

PRESIDENT McELFATRICK: I overlooked Dr. Burns and Dr. Watherwax.

Dr. BURNS: I have nothing to add, thank you.

Dr. WATHERWAX: No more, thank you.

PRESIDENT McELFATRICK: Dr. Chamberlain has gone. That closes the meeting for this afternoon.

The meeting adjourned at four-twenty o'clock.

### WEDNESDAY MORNING SESSION

October 14, 1931

The meeting convened at ten thirty-five o'clock, President McElfatrick presiding.

PRESIDENT McELFATRICK: The meeting will come to order, please.

The first business this morning will be the Report of the House of Delegates, which will be read by our secretary.

Secretary LaMotte read the Report of the House of Delegates. (See October issue.)

Dr. FORREST: There is one correction I should like to make. Dr. LaMotte said that the House of Delegates approved all expenses. My motion was that all expenses, when approved by the Finance Committee, be paid.

And I made a motion yesterday as to the time of the meeting. I am informed by the Sussex County men that the hotels are closed at that time of the year in Rehoboth, and I think it would be proper to change that motion before this House now, so it will go into the minutes, and change the meeting time from the last Tuesday in September to September 13 and 14, when the hotels are open. If it be permissible, I should like to change my motion to read September 13 and 14, 1932.

SECRETARY LAMOTTE: I rise to a point of order, to call your attention to part of the By-Laws where it states under Article III, Section 1: "The Society shall hold an Annual Session during which there shall be held daily general meetings open to all members and guests, to be held at such time and place as has been fixed at the preceding session of the House of Delegates." Therefore, strictly speaking, to make it legal you would have to call a special session of the House of Delegates, and, if you didn't do that, you would have to poll the vote.

Dr. FORREST: I can't see that. My thought of the House of Delegates was that it was purely a committee which represents the Delaware State Medical Society, and if we are only a committee, this Society should not approve and disapprove—I mean we can disapprove of any move in the House of Delegates, and I make a motion to disapprove of this and change it to September 13 and 14—purely parliamentary usage.

SECRETARY LAMOTTE: Mr. President, I still have the floor. I am calling your attention to this, that we can't change the By-Laws except through regular parliamentary channels.

There are a hundred million people in these United States, and they can't say to Congress, "You can't do so and so," because they have to proceed according to the Constitution, and this is the same thing as the Constitution of the United States so far as the Society is concerned. The Society can act as it pleases.

Dr. BASTIAN: In Rehoboth we had a parallel case. Practically all the delegates were in swimming and we hadn't enough delegates to have a session, so we had to go in as a committee of the whole and I think you will find we can do that, take it up and move on it as a whole. We did that in Rehoboth.

Dr. FORREST: It is a small matter, anyway. I move that this body disapprove of the date selected yesterday for the next session of the Delaware State Medical Society, and instead make it September 13 and 14, 1932.

PRESIDENT McELFATRICK: Is there any second to that?

Dr. BASTIAN: I should like to say instead of "disapprove," "corresponding to the circumstances."

PRESIDENT McELFATRICK: Are you ready for the question?

The motion was put to a vote and was carried.

PRESIDENT McELFATRICK: You have heard the Report of the House of Delegates.

DELEGATE: I move it be approved.

The motion was regularly seconded, was put to a vote, and was carried.

PRESIDENT McELFATRICK: The first paper of the morning is "X-ray Diagnosis of the Chest, with Special Reference to Fluid," by Dr. B. M. Allen, of Wilmington. Dr. Allen.

Dr. Allen read his prepared paper.

PRESIDENT McELFATRICK: Is there any other discussion? I should like to discuss this paper of Dr. Allen's, but as we have spent a little time on it, we shall have to go on to the next paper, which is "Shall the Profession Undertake Control of Specialization in Medicine?" by Dr. Henry O. Reik, of Atlantic City. Dr. Reik.

Dr. HENRY O. REIK: Mr. President and Members of the Delaware State Medical Society: Before I start this paper may I say I was authorized by the President of the Medical Society of New Jersey to extend to you the greetings and the good wishes of that organization, which is the oldest medical society in the United States. Dr. Reik presented his prepared paper.

PRESIDENT McELFATRICK: Our next paper will be "The Diagnosis and Treatment of Carcinoma of the Large Intestine," by Dr. W. Wayne Babcock, of Philadelphia. Dr. Babcock.

Dr. W. WAYNE BABCOCK: Mr. President and Members of the Medical Society of Delaware: First may I express my appreciation of being with you and joining in this interesting meeting?

Dr. Babcock presented his prepared paper.

PRESIDENT McELFATRICK: Our next paper is "Obstetri-



cal Hemorrhage," by Dr. J. M. H. Rowland, of Baltimore. Dr. Rowland.

Dr. Rowland then delivered his paper.

Dr. MACCOLLUM: I move we adjourn.

PRESIDENT McELPATRICK: Is there any further discussion? Dr. Rowland, will you close, please?

Dr. ROWLAND: I have nothing further to say.

PRESIDENT McELPATRICK: I know our better halves will give us the devil, but we were late in getting started so it cannot be helped.

The meeting adjourned at twelve-thirty o'clock.

#### WEDNESDAY AFTERNOON SESSION

October 14, 1931

The meeting convened at three o'clock, President McElpatrick presiding.

PRESIDENT McELPATRICK: The next paper on the program is "The Relation of Delaware Public Health to Indigent Syphilitic Cases," by Dr. A. C. Jost, of Dover. Dr. Jost.

Dr. Jost then delivered his paper.

PRESIDENT McELPATRICK: Dr. Jost, have you anything to add in closing?

Dr. JOST: No, thank you.

PRESIDENT McELPATRICK: The next paper on the program is on "Ulcers of the Stomach and Duodenum," by Dr. E. Starr Judd, of Rochester, Minnesota, President of the American Medical Association. We are certainly very glad that Dr. Judd has been so kind as to come and visit us at this time. Dr. Judd.

Dr. E. STARR JUDD: Your President and Secretary wrote and asked me if I would take part in the evening program of the State Society last night, and I should have liked to do so, but on account of the meeting of the College of Surgeons in New York, I asked him if he wouldn't put me instead on the Scientific Program today. I am sorry I was obliged to miss last night's program, as I know Dr. Bloodgood and Dr. Fishbein provided an interesting evening.

Dr. Judd presented his prepared paper.

PRESIDENT McELPATRICK: The next paper is on "Post-Encephalitic Disorders and Their Relation to General Practice," by Dr. Earl D. Bond, of Philadelphia.

Dr. Bond presented his prepared paper.

Dr. Bastian took the chair.

CHAIRMAN BASTIAN: We will now hear from Dr. Joseph McFarland, of Philadelphia, on "Malignant Diseases of the Breast." Dr. McFarland.

Dr. McFarland, with the consent of the Society, changed the subject to "Evidences in Favor of Inheritance in Cancer." He spoke extemporaneously.

PRESIDENT McELPATRICK: The next paper on our program is "Backache," by Dr. Irvine M. Flinn, Jr., of Wilmington. Dr. Flinn.

Dr. IRVINE M. FLINN, JR.: In view of the lateness of the hour, I will lay my paper on the table and let it go at that.

PRESIDENT McELPATRICK: The final paper on our program is "The Psychiatric Observation Clinic in Delaware," by Dr. Clyde Bennett, of Farnhurst. Dr. Bennett.

Dr. CLYDE BENNETT: Mr. President and Gentlemen: In view of the fact that the program has run so long that any further retention of you here would be an injustice to you, I think I will follow Dr. Flinn's example and turn my paper over to the reporter.

PRESIDENT McELPATRICK: There is still a little doubt in regard to the date of the meeting next year and we had quite a little discussion on it this morning, and, so, to make it legal, we will call a meeting of the House of Delegates and have this question decided in the right way.

SECRETARY LAMOTTE: Refer it to the Council.

Dr. FORREST: If it would make the Secretary feel better, I will withdraw my motion, if the seconder is here. Will you agree for me to withdraw the motion I made?

Dr. BASTIAN: Yes, sure!

Dr. FORREST: I withdraw the motion I made this

morning and Dr. Bastian agrees, and that will take it off the minutes, and I understand the Councilors have full power to determine the date, the same as the Board of Trustees. I still think I am right.

PRESIDENT McELPATRICK: Then that is settled.

I have something I wish to read to you:

"I hereby tender my resignation as Councilor and also as a member of the House of Delegates.

U. W. Hocker, of Lewes."

Dr. FORREST: I move that the resignation be accepted.

The motion was seconded by Dr. Bastian, was put to a vote, and was carried.

PRESIDENT McELPATRICK: The resignation is accepted.

Is there any other business to come before us? If not, then the next in order is the nomination of a candidate for President for the ensuing year.

Dr. JAMES BEEBE: I should like to place before the Society the name of Dr. U. W. Hocker, of Lewes, for President.

Dr. DORSEY LEWIS: I support the nomination of Dr. Hocker.

Dr. BIRD: We all take pleasure in seconding it.

Dr. BASTIAN: I move that the nominations be closed, and that the Secretary cast the unanimous vote of the Society for Dr. Hocker for President.

The motion was regularly seconded, was put to a vote, and was carried.

PRESIDENT McELPATRICK: The Secretary has cast the ballot, and I declare Dr. Hocker elected President for the ensuing year. Is Dr. Hocker here?

Dr. BEEBE: He is not here. I have been in touch with him by telephone, and he is sorry he could not get here because of pressing business.

PRESIDENT McELPATRICK: You will please notify him that he is elected.

In closing I want to thank the committees that have been so helpful to me throughout the year, and my special thanks goes to Dr. LaMotte for putting on this splendid program this year.

The meeting is adjourned.

The One Hundred and Forty-second Annual Session of the Medical Society of Delaware adjourned at five-thirty o'clock.

## DELAWARE PHARMACEUTICAL SOCIETY

### UNIFORM STATE NARCOTIC LAWS

The Forty-first Annual Conference of Commissioners on Uniform State Laws was held at the Chalfonte-Haddon Hall, Atlantic City N. J., on September 8th-14th preceding the annual meeting of the American Bar Association. The Commissioners are officially appointed to represent each state, territory, and the District of Columbia, and their function is to further uniformity in legislation, where uniformity is both desirable and practical.

The Committee on Uniform Narcotic Drug Act is one of the committees of the Uniform Social Welfare Acts Section of the Conference; the Committee has had this legislation under consideration for several years, and is now working on the fourth tentative draft of a model law; the Committee has received advice and suggestions from the American Medical Association, and from the several national pharmaceutical asso-



ciations represented in the National Drug Trade Conference.

On Wednesday, September 9th, Carson P. Frailey, secretary of the American Drug Manufacturers Association, and president of the National Drug Trade Conference; E. F. Kelly, secretary of the American Pharmaceutical Association, and secretary of the Conference; and General Counsel E. C. Brokmeyer, of the National Association Retail Druggists, conferred with Judge John P. Deering, chairman, and other members of the Committee. They again submitted a brief prepared by a committee of the Drug Trade Conference and also certain additional comments on the fourth tentative draft which has been prepared since the brief was originally submitted.

The pharmaceutical representatives emphasized that such legislation as is required should be supplemental to and an extension of the Harrison Act, which has been found effective in its results, in order to avoid conflicts between Federal and State enforcement and unnecessary confusion, and that additional restrictions and duties should not be imposed on the legal manufacturers and distributors of narcotics who are complying with the provisions of the National Act very satisfactorily, according to the reports of the enforcement officials. It is evident that the illegal traffic in narcotic drugs is principally through smugglers and peddlers and that such additional legislation as is necessary should be directed against them.

During the conference the fourth tentative draft was discussed in some detail as far as it affected pharmacy, and suggestions were made for amending it in a number of particulars, especially those relating to the keeping of records and accounts.

Harry J. Anslinger, Commissioner of Narcotics, and A. L. Tennyson, counsel to the Commissioner, were present and presented the views and wishes of the Bureau of Narcotics with reference to narcotic legislation by the several states. It is not believed that the Committee will submit a final draft of the proposed Uniform Narcotic Drug Act to the Commissioners at this conference, but that the question will be given further consideration.

It will be recalled that narcotic legislation has been under recent consideration by the legislatures of several states and that rather drastic laws were enacted by Arizona and Texas. It is

hoped that the Commissioners will submit a model law as soon as possible, especially, if it will have the approval of the national Bureau of Narcotics, which is certainly in the best position to advise what is required in state legislation to strengthen the effective enforcement of the Harrison Act and to deal with such narcotic traffic and abuse as may be somewhat local in character.—*N. A. R. D. Journal.*

### WOMAN'S AUXILIARY

The fight against tuberculosis in Delaware and methods used to combat the disease, were discussed by Miss Emily P. Bissell, founder of the Christmas Seals used throughout the country, in addressing more than 100 physicians' wives from this city and Philadelphia, on December 1, 1931. Members of the Woman's Auxiliary to the Medical Society of Delaware were hostesses at tea at Denbigh Hall to a delegation of the Philadelphia County Medical Society Auxiliary, and the program included interesting addresses by Miss Bissell and Mrs. Anna Castle, director of the Visiting Nurses' Association, of this city.

Mrs. Castle gave a graphic picture of a day in the life of a visiting nurse in Wilmington. She told of the problems with which they are faced and the great amount of work they must do in a day.

Miss Bissell in speaking of tuberculosis said that most deaths occur between the ages of 15 and 25. She told the part the physician plays, and stressed that the people must be educated to have their children examined at these ages.

Mrs. Walter Jackson Freeman, president of the Pennsylvania body, addressed the group informally on the hospital in Munich, the work of which she observed closely this summer when her son was a patient at the institution. Mrs. Freeman is president-elect of the National Auxiliary.

### MISCELLANEOUS

#### Concerning Cancer

To the Editor:

May I be permitted to quote from an article which appeared in the Delaware Health News of recent date, the subject being "Cancer and Heredity?"

The writer is prepared to endeavor to collect some data bearing on this matter if he can be made aware of families in the state in which there are twins. Since the response to infection and the effect of heredity are the features which it is

desired to investigate, only those who have had during some years the opportunities of meeting and replying to such stimuli would be of value in any study. It would appear, therefore, that an interview or correspondence with one or both individuals born at twin births and now at least 30 to 40 years old, might permit some data to be collected which would be of more than local interest or importance. The writer would gladly assist in the collection of data, if placed in possession of the names and addresses of individuals with whom he might correspond.

Yours sincerely,

A. C. JOST, M. D.,  
*Executive Secretary,  
State Board of Health.*

The quotation, referring to certain parts of the address by Dr. Joseph McFarland on "Evidences in Favor of Inheritance in Cancer," delivered before the Medical Society of Delaware, at Wilmington, October 14, 1931, is as follows:

Of especial interest was the argument relating to the development of cancer in homologous twins. These twins are those in which fission has occurred immediately after impregnation, in such a way that each half of the cell develops individually. There was for both individuals at first an identical ancestry, and each of the individuals is an exact counterpart of the other, in sex, appearance, and the possession of immunistic or hereditary qualifications. It was the speaker's opinion that both of the homologous twins having reached the cancer age, if one developed the disease, the other also became a victim. This would only have been possible, or at least indicates, that the original cell from which both individuals developed was tainted with a hereditary predisposition which was apportioned to both individuals to an equal degree.

There might well be undertaken in this State some investigation tending to confirm or deny the suggestions advanced by the speaker. The State has a cancer death rate which is increasing in height quite rapidly. The increase in the number of deaths which occur has averaged about fifteen for each two years over quite an extended period. The cancer death rate, at the present rate of increase, will soon be twice as high as is the rate of tuberculosis among the white population. A definite State program in connection with cancer control, if control be possible, should not be longer delayed, and should even now be under consideration. It can be the better directed, and have the best results, if it takes into advisement every item of knowledge respecting the disease which it is possible to obtain. It would be all the more creditable to us if in our study of it we may have assisted in throwing light upon a characteristic of the disease, hitherto little considered.

On Thursday, November 5, 1931, the Committee on Cancer of the Medical Society of Delaware met at the Hotel Du Pont, at which time the Committee approved the establishment of a tumor clinic in the City of Wilmington.

Secondly, the Committee approved and accepted the offer of the Delaware Hospital to establish and house such tumor clinics in its buildings.

Thirdly, the Committee requested its secretary to transmit the above resolution to each general and special hospital in the state for its approval.

Recently Jeanes (Cancer) Hospital, at Fox Chase, Pa., purchased at a cost of \$120,000 two grams of radium, which makes the hospital's supply one of the largest in the Philadelphia area. A radium emanation plant for the use and storage of the new supply is now under the course of construction.

### The Day of Days

It is indeed a sad commentary upon humanity that its history is largely a recording of human hates, bloodshed, and rapine. It would seem that history attests that the chief business of man has been to fight his fellows. Is it not true that the greatest "heroes" of mankind are its warriors? Alexander, Caesar, and Napoleon fill more pages of history than possibly any other one hundred historical personages combined. Today, it is true, mankind has outgrown military heroes—it no longer needs them! Why? Simply because war today means *nations* at war rather than *individuals*. A Napoleon would have found no place in the World War.

Mankind today vauntingly boasts of its progress in the mechanization of industry, its advances in the arts and sciences, and it has grown so great that its foremost thinkers smile whenever the *necessity* of a god is mentioned. Yet the world of today is filled with more venomous hatreds, and more suffering than ever has been known upon such a universal scale. How to end this hatred, whether individual or national, is a problem. May not the answer reside in the ideal of Christmas? That day should mark a day of truce and, if it were so considered universally, may it not in years to come sound a high and enduring note of international good-will?

Let sceptics rail as they will, the seemingly perpetual recurrence of Christmas suggests the thought that the only "treaty" between nations that will endure is a treaty founded upon the angelic chorus, heard by simple shepherds nearly two thousand years ago, of "Peace on earth, good will to men." "Impossible!" cry the bankers. "Inconceivable!" says the taskmaster of labor. "Why dream?" asks the professional militarist. The answer to their groans and questioning complaints lies in the fact that the Personality which came into the world on Christmas Day is still all-pervading. The figure which at Bethlehem

of Judea emerged into a world of doubt is the same as it was yesterday, today, and doubtless will continue down through the ages until time shall be no more. A Personality that has *never* failed to enunciate a sane way of living.

Whether one does or does not believe in the divinity of Jesus Christ seems to be a small matter. The essential point is do we believe in that which He taught, viz., "Love ye one another"? That's the message of *The Kalends* at Christmas-tide. True, it is a hard fight to do so, but let's try it one day in the year and it may help us to continue the battle. Try *hard* enough and the battle is won! And then, on Christmas Day as you "hear the old familiar carols play," you will be able to take the hand of your "worst" enemy and say, "I wonder why I've been so mean to yuh? *Merry Christmas!*"—*Kalends*.

## In Memoriam

JAMES E. BRAYSHAW

Dr. James E. Brayshaw, of Dover, died in the Homeopathic Hospital, Wilmington, on November 19, 1931. He was admitted to the hospital, November 11. Death was due to anemia.

Dr. Brayshaw was born in 1897 at Delmar, Del., the son of Agnes Ellis and the late Dr. James Brayshaw. His father had practiced medicine in Delmar for many years. Educated in the public schools of Delmar, he was graduated at the University of Delaware in 1916, and Jefferson Medical College, Philadelphia, in 1920. He then opened an office in his native town and remained there for two years.

He was associated with Dr. M. A. Tarumianz at the State Hospital, Farnhurst, from October, 1923, until November, 1926. Dr. Brayshaw then took a post-graduate course at Jefferson, specializing in the study of eyes, ears, nose and throat. Following this, he was with Dr. W. O. LaMotte, local physician, nearly three years before opening his offices in Dover.

He was secretary of the Medical Society of Delaware in 1929. Dr. Brayshaw married Miss Lura Rodney, Laurel, who died about a year and a half ago. They have one son, who is with his grandmother, Mrs. James E. Brayshaw, Sr., in Dover. He was the only child. Dr. W. W. Ellis, of Delaware City, was an uncle.

## BOOK REVIEWS

*Woman in Primitive Mother-right Societies.* By Dr. J. H. Ronhaar. Pp. 341. Cloth. Price, \$5.00. Groningen (The Hague): J. B. Wolters, 1931.

Dr. Ronhaar's presentation of this most interesting though somewhat controversial phase of ethnology is most scholarly. He has thoroughly digested practically all the literature extant and summarized his researches in catalog form, with copious notes. From these items he reaches certain conclusions, inductively, which are chiefly at variance with those of most writers of ethnographic literature. In fact, Ronhaar, with impressive data and logical reasoning, almost convinces us that a purely matriarchical people does not exist today, if ever.

We fear, however, that he has carried his scholarship almost to the point of positivism: certain it is he comments most caustically concerning authors with whom he cannot agree. This criticism, tinged as it is with sarcasm, detracts from the book. Also, we believe the notes could be followed more easily if placed on each page as footnotes. And for those not versed in many unusual languages, from the South Sea Islands to the Yukon, a glossary could be included with profit. Finally, an index should be provided, so that the really valuable material in the book can be more available. The defects of typography, idiom, etc., inherent to publishing an English book in a non-English-speaking country are present, but should be eliminated in the second edition.

Those who are interested in ethnology, and that means most of us, will find Ronhaar's book a most valuable reference work.

*Sane Sex Life and Sane Sex Living.* By H. W. Long. M. D. Pp. 151. Cloth. Price, \$2.00. New York: Eugenics Publishing Company, 1931.

This is a new printing of a work that, appearing originally in 1919, has had a rather wide circulation among the profession. Naturally, then, not all the statements made will hold water today; e. g., Long believes there is a "safe period," which Dickinson has proved does not exist. Long does, however, impart to the newly-wed much valuable intimate information, and he does it in a manner that leaves no doubt as to his own ideals or his sincerity of purpose. While written for married couples, much of the information therein contained could profitably be imparted to the couples just before marriage. With this in mind, the physician would do well to have a copy of this, or some similar work, at hand, as a part of his loan collection.